p	STATE	WELL REPORT		
County: Lamor	~ = 1 = = ##	Part 1	For Office Use Only:	
Permit #:		riller's Log	Well #: B 128	
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Date drilling completed: 9-23-15	1	P.O. Box 2309 on, MS 39225-230 9	E-Log #:	
Date driving completed.		601)961-5210		
		1)360-0535 (fax)		
State Law requires that this report Department at the above address w				
Well Owner Information 312138 Well or Borehole Location 43				
(Landowner if borehole is not for	e water weit)	Latitude: 31 21 440 Lo	ongitude: 089°29,726	
Owner Name: CAC		Method of Lat/Long (check on	e): Conventional Survey,	
Mailing Address:	<u>`</u> \.	USGS quad, Hand-held (GPS, Survey-grade GPS	
Hall optimes MS	ROUND	NE NW 14 Sec	27 T 5N R 15W	
City State	Zip Code	6 Miles SE	- 1	
Telephone No. (61) 818-56	53	(Distance) (Direction)	(Nearest Town)	
		orehole Data		
Date drilling started: 9-23-15 Date	drilling completed	93-15 Hole depth: 92	Hole diameter: 7'4"	
Location of the source of any surface w	vater used for drilli	ng: running creet	<u>c</u>	
Method of dosing and volume of Chlorin	ne used in drilling a	nd development: <u>Granu</u>	le chlorine	
Logs run (circle all applicable): No log r				
Name of organization running log(s):				
Purpose of borehole (circle one): Water	Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump	
Seism	ic Survey Other	(describe)		
If drilling is not rela	ated to water well o	onstruction, skip the remainde	er of this block	
Purpose of Well (circle all applicable):	Nome Industrial	Public Supply Irrigation	Fish Culture	
Other (describe):				
If a flowing well, method of flow regul				
Static Water Level:				
Method of measurement (circle one). Steel tape Electric tape Air line Other (describe):				
Well depth: 90 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 70feet Casing diameter: 4inches Type of casing: DVC				
Screen length:				
Screen slot size: 1008 inches Setting depth: From 70 feet to 90 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Variation (Circle all applicable)				
Other (describe):			NOV 0 2 2015	
Top of lap pipe or reduction in casing:				
If telescoped or more than one screen, describe on next page				

OFTT: OLWR-SWR-YA (4/	Ī3)

County:	Lamar
Permit #:	

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The sketch below only required for water wells

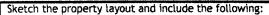
For Office Use Only:
Well #: BL28

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

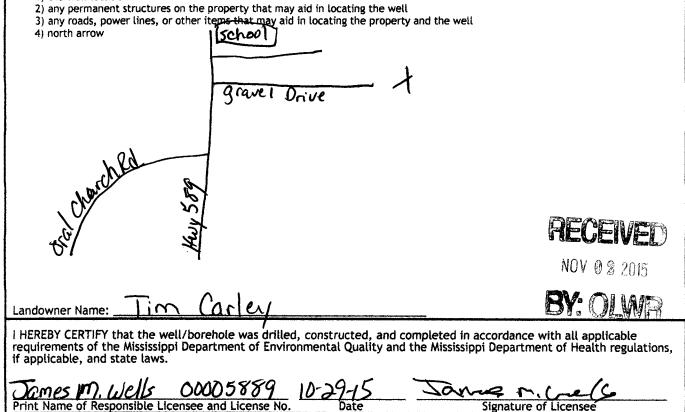
If well telescopes, show depths on sketch.	
Ground Level	Description of Formations Enco
Ground Level	
	C
	54
	······································
E Contraction of the second	

Description of Formations Encountered	From (depth)	To (depth)
tepsail	Ground level	1
clari	l l	55
Sand	55	70
	1	

If more than one screen, show location of each on sketch



1) the well location



Form: OLWR-SWR-1A (4/13)

	STATE WELL REPORT			
Driller: <u>James M. Wells</u> Date completed: <u>9-23-15</u> <u>Copy information from block on Part 1</u> This part of the report must be completed b	Part 2 Pump Installer's Completion Report Aississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax) by a licensed water well contractor or a licensed put	For Office Use Only: Well #: 38 Aquifer: 38 amp installer. A copy of Part 1		
of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location				
Owner Name: <u>Tim Carley</u> Mailing Address:	Method of Lat/Long (check on	pongitude: <u>289229.726</u> ne): Conventional Survey,		
2) Spears Dri Hattiesburg MS City State Telephone No. (601) 818-5653	<u>39402</u> <u>4</u> <u>4</u> , Sec	GPS, Survey-grade GPS <u>27</u> T_ <u>5N_R_15W</u> of <u>Sumrall</u> (Nearest Town)		
	Pump Type (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Horse Power Rating of Motor:2		er of Stages:		
Pump Test Data for Non Flowing Well Date Well Tested: 9-23-15 Duration of Pump Test (minimum 4 hours):				
	awdown of feet after			
Meter Manufacturer:				
	Type of Meter: tor (AF x .001, gal x 1000, etc):			
	eter installed by:			
Is This Meter (circle one): New Repaired Replacement. Important: By submitting the above information you are certifying that this meter was installed to manual turker man				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Sames M. Wells 000052 Print Name of Pump Installer and License	No. (if applicable) Date Sign	nature of Pump Installer Form: OLWR-SWR-1B (4/13		

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