	STATE WELL REPORT		
County: LaMar	Part 1	For Office Use Only:	
Permit #:	Driller's Log Mississippi Department of Environmental Quality	Well #: <u>C118</u>	
	Office of Land and Water Resources P.O. Box 2309	Aquifer:	
Date drilling completed: 5-20-16	Jackson, MS 39225-2309	E-Log #:	
(601)961-5210 (601)360-0535 (fax)			
State Law requires that this report t Department at the above address wi	be prepared by the license holder responsible for th thin 30 days of completion of drilling of the well o	e work and filed with the	
(Landowner if borehole is not for a water well)		hole Location 81 24 25	
la u Kallu Allaa	Latitude: JI 19. 636 Ion	oitude XY 29 UIT	

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(Landowner if borehole is not for a water well) Owner Name: <u>Kelly</u> Allen	Latitude: 31°14.656 Longitude: 89°29.417	
	Method of Lat/Long (check one): Conventional Survey,	
	JSGS quad, Hand-held GPS, Survey-grade GPS	
Summell MS 39482	NN 1/4 NE 14, Sec_10_T_3N_R_15W	
City State Zip Code	13 Miles 5W of Oak Grove	
Telephone No. (205) 279-0061	(Distance) (Direction) (Nearest Town)	
Well / Bor	ehole Data	
Date drilling started: 5:30-16 Date drilling completed: 5	-20-16 Hole depth: <u>90</u> Hole diameter: <u>75''</u>	
Location of the source of any surface water used for drilling:	Community	
Method of dosing and volume of Chlorine used in drilling and	development: <u>granule chlorine</u>	
Logs run (circle all applicable): No log run Electric Gamma	Ray Density Sonic Neutron Other:	
Name of organization running log(s):		
Purpose of borehole (circle one): water Web Geotechnical	/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (describe)		
If drilling is not related to water well cons	truction, skip the remainder of this block	
	Public Supply Irrigation Fish Culture	
Other (describe):		
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: 30feet [above or below] land surface Date measured: 5.20-16		
method of measurement (circle one): Steel tabe Flectric tane	Airling Others ( )	
well depth: <u>10</u> Well grouted to a depth of: <u>10</u> feet	Type of grout (single	
Casing length: 70 feet Casing diameter:	inches Type of casing:	
Screen length:feet Screen diameter:	inches Type of screen:	
Screen slot size:		
Type of completion (circle all applicable). Gravel packed	nderreamed Open hole Natural Development	
Other (describe):	JUN 2 9 2016	
Top of lap pipe or reduction in casing:feet		
If telescoped or more than one se	creen, describe on next page By OLWH	

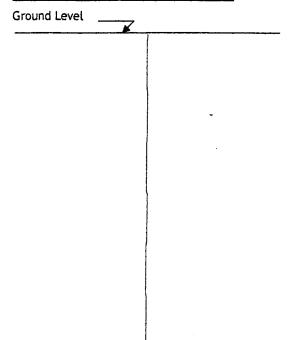
Form: OLWR-SWR-1A (4/13)

County: _	Lamar
Permit #:	

For O	ffice Use Only:
Well #:	18
<b>1</b>	

## The sketch below only required for water wells

## If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
top50 ()	Ground level	
	1	45
sand	45	90

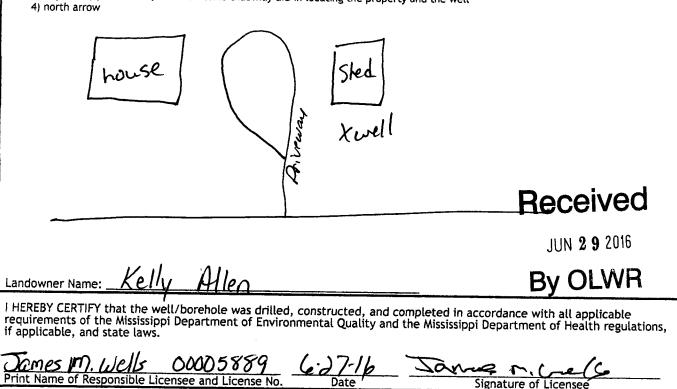
If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

1) the well location

2) any permanent structures on the property that may aid in locating the well

3) any roads, power lines, or other items that may aid in locating the property and the well



Date

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

Signature of Licensee

	STATE WELL REPORT		
County: Lamar	Part 2	For Office Use Only:	
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality	Well # (2119	
Driller: James M. Wells	Office of Land and Water Resources	Well #L	
Date completed: 5.20-16	P.O. Box 2309 Jackson, MS 39225-2309	Aquifer:	
Copy information from block on Part 1	(601)961-5210 (601) 360-0535 (fax)		
This part of the report must be complete of the report must be attached and both	d by a licensed water well contractor or a licensed pu purts filed with the Department at the above address	mp installer. A copy of Part I within 30 days of well completion.	
Well Owner Information Well Location			
Owner Name: Kelly Allen	Latitude: <u>31°14.656</u> Lo	ngitude: 89°29.417	
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,		
114 Little Creek Re	USGS quad . Hand-held C	GPS, Survey-grade GPS	
Summell MS	79482 NW WNE Visor	TIN RIT	
<u>Sumrall</u> MS State	Zip Code 13 min SIN	-	
Telephone No. (25) 279-001	(Distance) (Direction)	of Oak Grove (Nearest Town)	
	Pump Type (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):			
Date Pump Installed: <u>5.20-16</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacement			
	Power Type (circle one)		
	Tractor PTO Windmill Other (describe):		
Horse Power Rating of Motor:	Setting Depth: <u>50</u> feet Numbe	r of Stages:	
	Pump Test Data for Non Flowing Well	r 1	
Date Well Tested: 5.20-16			
Static Water Level (A): <u>30</u> Fee	t Below Land Surface Pumping Water Level (B):	50 Feet Below Land Surface	
Drawdown [(B) - (A)]: 38	Feet Below Land Surface Test Pumping Rate:	<u>17</u> Gallons Per Minute	
	eel tape Electric tape Air line Other (describe):	, 	
	Pump Test Data for Flowing Well		
Measured shut in head:feet			
Well yielded GPM with a c	Irawdown of feet after	_hours of pumping	
F	Meter Installation		
Meter Manufacturer:	Meter Serial Number:		
Meter Model Number/Name:	Type of Meter:	Received	
Totalizer Register Unit and Multiplier Fa	actor (AF x .001, gal x 1000, etc):		
Installation Date: Meter installed by:			
Is This Meter (circle one): New Repaired Replacement By OLWR			
Important: By submitting the above in For agricultu	formation you are certifying that this meter was instant ral wells, a list of approved meters is on the MDEQ +	alled to manufacturer standards. vebsite.	
I HEREBY CERTIFY that the above stater	nents are true to the best of my knowledge.		
James M. Wells 00005	1889 6:27-16 Jame	ature of Pump Installer	
Print Name of Pump Installer and Licen	se No. (if applicable) Date Signa	ature of Pump Installer	

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