STA	TE WELL REPORT	432
County: Lawrence	Part 1	For Office Use Only:
Permit #:	Driller's Log	Well #: K29
Driller: James M. Wells Office	Department of Environmental Quality of Land and Water Resources	Aquifer:
Date drilling completed: 8-9-18	P.O. Box 2309	E-Log #:
	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report be prepared to Department at the above address within 30 days	y the license holder responsible for th of completion of drilling of the well o	te work and filed with the
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borel	hole Location
Owner Name: Robert Nea	Latitude: 21 29.36 Lon	gitude: 90°8.06 W
Mailing Address:	Method of Lat/Long (check one)	د Conventional Survey,
39 Oak Tree Cir.	USGS quad, Hand-held GP	
City State Zip Co	1 <u>SE 14 SW 14, Sec_</u>	T TON RIF
Telephone No. ()	Miles of	
	(Distance) (Direction)	(Nearest Town)
Seismic Survey Ot If drilling is not related to water we Burpose of Well (sizely " " " " " " " " " " " " " " " " " " "	ang and development: <u>Granule</u> Gamma Ray Density Sonic Neutron Echnical/Geological Investigation Gr her ( <i>describe</i> ) cell construction, skip the remainder of	Other:
Purpose of Well (circle all applicable): Home Industr Other ( <i>describe</i> ): <u>Cattle</u>	ial Public Supply Irrigation Fis	h Culture
If a flowing well, method of flow regulation: Valve	Other (describe)	
	low land surface Date measured: _	8-9-18
Method of measurement (circle one) Steel tabe Elect	ric tape Air line Other ( <i>describe</i> ):	
Well depth: $10$ Well grouted to a depth of: $16$	feet Type of grout leircle on the	
asing length:feet Casing diameter: _	inches Type of casi	
creen length:feet Screen diameter:		
creen slot size: .008 inches Setting dep	th: From <u><u>9</u>Dfeet_to</u>	/10 feet
ype of completion (circle all applicable): Gravel packed		Natural Development
ther (describe):	· -	
op of lap pipe or reduction in casing:fee	t	
	n one screen, describe on next page	

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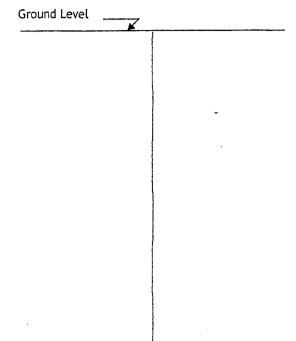
Form: OLWR-SWR-1A (4/13)

County:	Lawrence	
Permit #:		

Fe	or Office Use Only:
Well #:	Kag

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
+0,50;1	From (depth) Ground level	1
clay		70
Sant	70	110
· · ·		

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

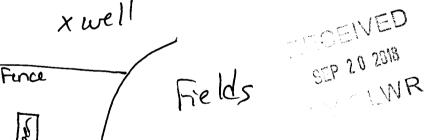
Sketch the property layout and include the following:

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

4) north arrow		



Landowner Name:

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

James M. Wells 00005889	8-16-18	Jame r. crels
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

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

		STATE W	ELL REPORT	
	County: Lawrence		Part 2	For Office Use Only:
	Permit #:	Pump Installe	r's Completion Report nent of Environmental Quality	Well #: K29
	Driller: James M. Wells	Office of La	nd and Water Resources	
	Date completed: <u>8-9-18</u>		.O. Box 2309 n, MS 39225-2309	Aquifer:
	Copy information from block on Part 1	((	501)961-5210 ) 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 pun	np installer. A copy of Part 1 ithin 30 days of well completion.
[	Well Owner Informati		Well L	ocation
~376 <sup>4</sup> 5	Owner Name: Kobert Ne	ral	Latitude: 31° 29.56 N Lon	gitude: <u>40° 8.06 W</u>
	Mailing Address:		Method of Lat/Long (check one	: Conventional Survey,
	_ 39 Oak Tree C	<u> </u>	USGS quad, Hand-held GI	PS, Survey-grade GPS
	Monticelb MS State	39654 Zip Code		7 TON RHE
	Telephone No. ()		(Distance) (Direction)	(Nearest Town)
ļ		Pump Ty	oe (circle one)	
1	Submersible Turbine Air Lift Centrif	ugal Flowing Well	Jet Piston Rotary Other (de.	scribe):
Ч	Date Pump installed: 8-9-18			
1	Is This Pump (circle one): New Repaired Replacement			
		-	pe (circle one)	
9	Electric Diesel Gasoline Natural Gas			
	Horse Power Rating of Motor:	Setting Dept	h: <u>100</u> feet Number	of Stages:
l	EAIS	Pump Test Data	for Non Flowing Well	//
	Date Well Tested:			hours): $4$ hours
	Static Water Level (A): Fee			
	Drawdown [(B) - (A)]:	_Feet Below Land Sur	face Test Pumping Rate:	Gallons Per Minute
	Method of measurement (circle one)			
	Measured shut in head:fee	•	ta for Flowing Well	RECEIVED
	Well yieldedGPM with a d		feet after	HEUCIVLU hours of pumping
ļ	men yieldedGPM with a t		ويتعاد والإنجاب الباب بكالت البرا الانتكاف فتعاقبتها والبار والفارط وكالكر كالمصاد والمتعاد والمكر والمتراجة	THOMA OF HALLHILK V D VOIN
	Meter Installation			
	Meter Manufacturer: Meter Serial Number:			
	Meter Model Number/Name: Type of Meter:			
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):			
	Installation Date: Meter installed by:			
	Is This Meter (circle one): New Re			Had to manufactures standards
	Important: By submitting the above in For agricultu	aformation you are c ural wells, a list of ap	proved meters is on the MDEQ w	ebsite.
	I HEREBY CERTIFY that the above state	ments are true to th	e best of my knowledge.	
	James M. Wells 0000		8.1618 Same Date Signa	e m. Lucky ture of Pump Installer

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