county: Leflore 47330
Permit #: M5-GW - 47317
Driller: Towny Peacock Sr
Date drilling completed 6-24-16

STATE WELL REPORT Part 1

Driller's Log
Mississippi 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)

For Office Use Only:				
Well #: <u>E114</u>				
Aquifer:				
E-Log #:				

State Law requires that this report be prepared by the Department at the above address within 30 days of con	license holder responsible for the work and filed with the npletion of drilling of the well or borehole.			
Well Owner Information	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: N33°42'38 Longitude: W90° 12'40			
Owner Name: ASA Bennett	43 Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 605 Robert E Lee Dr	USGS quad, Hand-held GPS, Survey-grade GPS			
D . (Kr. 2620	SW 4 Sec 0405 TAIN ROIE			
Streenwood MS 38930 City State Zip Code	H Miles Money (Direction) (Nearest Town)			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
	L.I. Pote			
Well / B Date drilling started - 24-16 Date drilling completed:	orehole Data 6-24-16 Hole depth: 115 Hole diameter: 24"			
location of the source of any surface water used for drilli	ne: Nearby ditch			
Method of dosing and volume of Chlorine used in drilling a	and development: When Filling pin			
Logs run (circle all applicable): log run Electric Gam	ma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other	(describe)			
If drilling is not related to water well of	construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial	Public Supply (Irrigation) Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve				
Static Water Level:feet [above or below] land surface Date measured:				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 15 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 75 feet Casing diameter:inches Type of casing:				
Screen length: 40 feet Screen diameter:inches Type of screen:				
Screen slot size DIZ 1-Winches Setting dept				
Type of completion (circle all applicable): Gravel packed) Underreamed Open hole Natural Development RECEIVED			
Other (describe):				
Top of lap pipe or reduction in casing:fee	n one screen, describe on next page Form-OI WR-SWR-1A (4/13)			
If retescopes of more inco	Form Foll WR, SWR-1A (4/13)			

County: Leflore 47330_
Permit #: 15-6W-47317

Fo	r Office	Use	Only:	
ell#:	E114			

The sketch	helow	only r	eouired	for	water	wells
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Description of formations encountered must be provided for all wells

_		and boreholes, unless specifically exemplea by regulations				
If well telescopes, sho	ow depths on sketch.	Description of Formations Encountered	From (depth) Ground level	To (depth)		
Ground Level	7		Ground level			
	1.1 444.	top 501	0	<u> </u>		
	15-16 PIDE	fine sand	15	45		
		coarse sand	45	75		
	15-16"pipe	coarse sand + gravel	75	115		
	10' 1111					
	4					
	201-11 11					
	020					
	201-1111					
	0201211					
		-				
	30032 scree	*				
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	21-1050 "			+		

Sketch the property layout and include the following:

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

- 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

Received

JUL 1 3 2016

By OLWR Received

	JUL 1 3 2016
Landowner Name: ASG Bennett	
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and complete requirements of the Mississippi Department of Environmental Quality and the Missif applicable, and state laws.	Jommy Leacol Signature of Licensee
Francisca of responsible	Form: OLWR-SWR-1A (4/

STATE WELL REPORT

For Office Use Only: Permit #: 6w. 41317 47330 Pump Installer's Completion Report Well #: **E114** Mississippi Department of Environmental Quality Driller: John & Placer St Office of Land and Water Resources P.O. Box 2309 Date completed: 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 completed by a licensed water well contractor or a licensed pump 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 Location Well Owner Information Latitude: 33 - 43. 09 * Longitude: 900/2: 53 " Method of Lat/Long (check one): Conventional Survey____ USGS quad_____, Hand-held GPS_ __, Survey-grade GPS_ Pump Type (circle one) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Submersible Turbine Rated Pump Capacity: ZZOO Gallons Per Minute Date Pump Installed: ___ Is This Pump (circle one): Repaired Replacement Power Type (circle one) Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: feet Number of Stages: _ Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): _____ hours Date Well Tested: __ Static Water Level (A): **78** Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Drawdown [(B) - (A)]: ______Feet Below Land Surface Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):______ Pump Test Data for Flowing Well Measured shut in head: _____feet. __GPM with a drawdown of _____ Well vielded __ feet after __ __hours of pumping 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 Repaired Replacement Received Important: By submitting the above information you are certifying that this meter was installed to manufacturer standar

For agricultural wells, a list of approved meters is on the MDEQ website

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer

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

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1 3,2016