· D /	State Well Report	For Office Use Only:			
County: Oun deal	Part 1 – Driller's Log	Aquifer: () 157			
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: 0 1 . 7			
Driller: Don Clardy	P.O. Box 2309	Well #:			
	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:			
Date drilling completed: 8/6//3	(601)961- 5228 (fax)				
		E-log #:			
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.					
Information on Well (orehole Location			
(Landowner if borehole is not fo	or a water well) N	\$ 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3			
Owner Name Ham Sm	Latitude: 50° do 770	¿ Longitud D 88° 38°, 314°;			
	Method of Lat/Long (circle or	ne): Conventional Survey,			
Mailing Address: (S.O. Box)	LISGS and Hand-held	GPS Survey-grade GPS			
	1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GPS, Survey-grade GPS			
Columba	10 90 839701 NE 11 NE 1/2 Sec_ 13	2 Twn 175 Rn 19 W			
City Sta	te Zip Code Distance Direction	Nearest Town			
110 201 1	1 A Vaniles N M	of Columbus			
Telephone No. (ded 386-	2041_				
	Well / Borehole Data				
Date drilling started: 8/5/13 Date drilling completed: 8/6/13 Hole depth: 170 Hole diameter:					
Date drilling started: 0/3//3 Date drilling completed: D/6//3 Hole depth: Hole diameter: Hole diameter:					
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorin	e used in drilling and development: 2 1 2 本 4	randular			
Logs run (circle all applicable). No log ru	n Electric Gamma Ray Density Sonic Neutron	Other:			
Name of organization running log(s):					
Purpose of borehole (check one): Water W	Yell / Gentechnical/Geological Investigation Ground	1 Source Heat Pump			
Purpose of borehole (check one): Water Well V Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic	Survey Other (describe)	ank			
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 170 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: The feet Casing diameter: inches Type of casing:					
Screen length:					
Screen slot size: 1013 inches Setting depth: From 120 feet to 160 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Kelescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page					

State Well Report

Form: OLWR-SWR-1A 104/08

5.00 1 6 2018

The sketch below only required for water wells	Description of formations encountered in wells and boreholes, unless specifically		
If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
	Grown sandyclay	Ground Level	1-1-
	Aranel U U		194
Packer	Blue Clou	1 24	140.
TITE WAR	Landy Clay	40	154
1111	Court of	54	157
'	Samply Clay	57	182
11 19 Blood b.	Rocky Joana	82	189
		89	199
-19'Blank - Shale - trap - 30'Blank	Sand strick	99	160
N too	CO CU	1130	1115
20101	Landy Clay	115	1119
11-30'13lank	auto ante	119	1722
	8000011 (20011	122	1144
1) .	PROCELUDIAM	144	158
H-40'screen	18011	158	1101
11 10 100000	Atrook Dand	161	111.5
	DOUGH COPY	lba	1180
\mathbb{H}	Authorities	100	1
\mathcal{H}			
14			
11		 	
Ht			

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

Dowald Bo Clardy 0-496

Print Name of Responsible Licensee and License No.

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) a north arrow.
Barton Ferry Rd
Gravel > X Pad > Well Well
Landowner Name:
Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the

Date

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state. 8/14/13 Durall & 7/2hy 6 2013 Signature of Licensee AV TEMP

STATE WELL REPORT

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Office of Land and Water Resources
P.O. Box 2309

Jackson, MS 39225

(601)961-5210

(601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

(601)961-5228 (fax) Copy information from block on Part 1 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 Owner Information Method of Lat/Long (check one): Conventional Survey Mailing Address: USGS quad , Hand-held GPS , Survey-grade GPS NE 1/ NE 1/ Sec 12 T 175 R 19W Direction Distance Nearest Town Telephone No. (000) Pump Type Power Type Circle one Circle one Submersible Natural Gas Diesel Engine Gasoline Engine Air Lift Jet Tractor PTO Turbine Electric Motor Hand Bucket Piston Other (specify): Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor: Other (specify): Date Pump Installed: 8/8/13 feet Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: Electric Measuring Line \$teel Tape Air Line Feet Below Land Surface Static Water Level (A): Other (specify): Pumping Water Level (B): Feet Below Land Surface For flowing well, measured shut in head: ______feet Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Well yielded _____GPM with a drawdown of feet after hours of pumping Duration of Pump Test (minimum 4 hours): ____ hours

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Form: OLWR-SWR-1B (04/08)