ST	ATE WELL REPORT			
county: Journdes	Part 1	For Office Use Only:		
Permit #:	Driller's Log	Well #: <u>460</u>		
	Mississippi Department of Environmental Quality Office of Land and Water Resources Aquifer:			
Date drilling completed: 6133114	P.O. Box 2309 Jackson, MS 39225-2309 E-Log #:			
The same state of the same sta	(601)961-5210			
	(601)360-0535 (fax)			
State Law requires that this report be prepared Department at the above address within 30 days	ys of completion of drilling of the well o	or borehole.		
Well Owner Information (Landowner if borehole is not for a water we	-11)	hole Location 8831 41.16		
Owner Name: Rusty Linton	Latitude: (2) dl. 11 or	Latitude: 33 31.014 Longitude: 088 31.689		
Mailing Address: 1558 Collicion - H	Method of Lat /Long (check one): Conventional Survey,		
Columbus, Ms 3970	USGS quad, Hand-held G			
	5W 1/4 5W 1/4, Sec_	4 T18N RME		
	Code 2 Miles 5W o	Columbia, MS.		
Telephone No. (<u>daa</u>) <u>3a7 • a598</u>	(Distance) (Direction)	(Nearest Town)		
	Well / Borehole Data			
Date drilling started: (allo14) Date drilling con	npleted: 4314 Hole depth: 40	Hole diameter:		
acation of the source of any surface water used t	for drilling:			
Method of dosing and volume of Chlorine used in o	drilling and development: a /a #	grandular		
Logs run (circle all applicable): No log run Electric	c Gamma Ray Density Sonic Neutro	on Other:		
Name of organization running log(s):	H.			
Purpose of borehole (circle one): Water Well G	eotechnical/Geological Investigation	Ground Source Heat Pump		
Seismic Survey	Other (describe)			
If drilling is not related to water	er well construction, skip the remainder	of this block		
Purpose of Well (circle all applicable): Home In	dustrial Public Supply Irrigation	Fish Culture		
Other (describe):		JUL 1 1 20		
f a flowing well, method of flow regulation: Valv	e Other (describe)	BYOUN		
Static Water Level: 130_feet [above or (circle	r below] land surface Date measured one)	: 6 23 14		
Method of measurement (circle one): Steel tape	Electric tape Air line Other (describe)	:		
Well depth: 404 Well grouted to a depth of:	feet Type of grout (circle one):	Neat Cement Bentonite Mix		
Casing length:feet	eter:inches Type of o	casing: PVC		
Screen length:feet Screen diam	neter:inches Type of	screen: PVC		
Screen slot size: 013 inches Settin	g depth: From 390 feet to	5 <u>330</u> feet		
Type of completion (circle all applicable): Gravel p	packed Underreamed Open hole	Natural Development		
Other (describe):				

feet

If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: _

County: OUD A 600			Office Use	
Permit #:		Well #:	K 60)
The sketch below only required for water wells	Description of formations en	countered i	nust he provide	d for all wells
	and boreholes, unless specifi			
f well telescopes, show depths on sketch.	Description of Formations Enco	untered	From (depth)	To (depth)
Fround Level	Sandy Will	_	Ground level	4
	Clay 0 0		4	162
	Sandy Clay		llod	981
Packer	Sound Clar		381	300
	Damala		890	302
14 Blan	e sand streak	35	303	319
Shales	Sandy Clay		319	358
Shale	Clay o		358	388
40'801	Lain Dama		388	402
40.801	eon Sandy Clay		409	404
	0 0			
\mathbb{H}				
T. II.				
74'Blo	mk			
W Sand on	Oak -			
f more than one screen, show location of each on ske	etch		L	
etch the property layout and include the following: 1) the well location				6
 any permanent structures on the property that any roads, power lines, or other items that may 	may aid in locating the well	1		
4) north arrow				
	x Well	. 1		- 1
Programme and the second secon			6 Ilison Ho	, DI
		/	6 111500 170	lody ic
Barn		4		
				1
//	-	_		
				Meca
				200
				JUL II
			6	300
				Recei JUL 112 BY OLV
\mathbf{Q} . \mathbf{Q} .				OLY
andowner Name: Tuety dus	mton			
HEREBY CERTIFY that the well/borehole was dr	rilled, constructed, and completed ir	accordance	e with all appl	icable
equirements of the Mississippi Department of El applicable, and state laws.	nvironmental Quality and the Mississi	ippi Depart	ment of Health	regulations,
applicable, and state laws.	000496		211	
Donald B. Clardy	7/10/14 Sem	MISC	ly	
rint Name of Responsible Licensee and License	No. Date	Signatur	e of Licensee	S 5 14 D 4 D (4 (4 2)

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

STATE WELL REPORT

County: Permit #: Driller: Oard Date completed: Copy information from block on Part 1

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Of	fice U	se Only:
Well #:	26	0
Aquifer:		

	r well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.			
Well Owner Information	33°27'. 72" Well Location 88°31' 41.16"			
Owner Name: Busty Sunton	Latitude: 33 37014 Longitude: 088 31.689			
Mailing Address: 1558 Ollison-Hardy	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Columbra, The 39105 City State Zip Code	50 14 50 14, Sec 4 T 18N R 17E			
Telephone No. 166 337 - 3598	(Distance) Alles 5W (Direction) of Columbus, The (Nearest Town)			
	pe (circle one)			
	Jet Piston Rotary Other (describe):			
Date Pump Installed: 6 23114 Rated Pump Capacity: 25 Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacemen				
Power Ty	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: 3 Setting Depth: 200 feet Number of Stages: 5				
Pump Test Data for Non Flowing Well				
Date Well Tested: 6 3 14 Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Sur	face Test Pumping Rate: Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Pump Test Da	ta for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter	Installation			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:				
Totalizer Register Unit and Multiplier Factor (AF \times .001, gal	x 1000, etc):			
Installation Date: Meter installed by:	BYOWR			
Is This Meter (circle one): New Repaired Replacement	ent ULUNDON			
Important: By submitting the above information you are co For agricultural wells, a list of app	ertifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.			

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

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Print Name of Pump Installer and License No. (if applicable)

es & The

Date

Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)