f	STATE WELL REPORT			
County: Marion	Part 1	For Office Use Only:		
Permit #:	Driller's Log	Well #:		
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:		
Date drilling completed: 6-5-12	P.O. Box 2309	E-Log #:		
Date dritting completed:	Jackson, MS 39225-2309 (601)961-5210			
(601)360-0535 (fax)				
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.				
Well Owner Informat		Phole Location		
(Landowner if borehole is not for	Latitude: 31° 18.148 Lor	2 Longitude: <u>089°58, 408</u>		
Owner Name: Chris Gay	Method of Lat/Long (check one	シ): Conventional Survey,		
Mailing Address:	USGS quad, Hand-held GPS, Survey-grade GPS			
Foxworth M5 39483 SE 14 NE 14, Sec 22 T 4N R 20W				
City State	Zip Code D Miles NW	of toxworth		
Telephone No. (<u>601</u>) <u>736-61.</u>	(Distance) (Direction)	(Nearest Town)		
Well / Borehole Data				
Date drilling started: 65-14 Date drilling completed: 6-5-14 Hole depth: 190 Hole diameter: 75"				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and development: Granule Chlorine				
Logs run (circle all applicable) No log rup Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one): (Vater Well) Geotechnical/Geological Investigation Ground Source Heat Pump				
	nic Survey Other (describe)			
If drilling is not rea	lated to water well construction, skip the remainde	r 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 Other (describe)				
Static Water Level: 100 feet [above or below] land surface Date measured: 4.5.14				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: Mell grouted to a depth of: 10 feet Type of grout (circle one). Neat Cement Bentonite Mix				
Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: DVC.				
Screen slot size: 1008 inches Setting depth: From 170 feet to 1906 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):		JUL 1 7 2014		

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

Top of lap pipe or reduction in casing: _____feet

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

County: Marion		Fo	r Office Use	Only:
Permit #:		Well #: _	E67	
The sketch below only required for water wells		Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
If well telescopes, show depths on sketch. Ground Level	Description of Formations Enc	ountered	From (depth) Ground level	To (depth)
GIOUNG LEVEL	Class	50:1 1	Ground level	450
	50	rd	150	190
•				
		, , , , ,		
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 any roads, power lines, or other items that may a	ay aid in locating the well id in locating the property and the w	en ×		
4) north arrow	76	Tonous		
		ઇ હો	3	
		2 Con	/	
	~	200		
Hwy 586			DEAR	
			HELLE	EIVED
	\		JUL 1	7 2014
Landowner Name: Chris Gay			PYO	LWR
I HEREBY CERTIFY that the well/borehole was drill requirements of the Mississippi Department of Environment of Environment and state laws.	ed, constructed, and completed ironmental Quality and the Missis	in accordar sippi Depar	nce with all app tment of HealtI	licable h regulations,
James M. Wells 00005889	7-14-14 Ja	me:	r. (med	ح
Print Name of Responsible Licensee and License No.			re of Licensee	

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

STATE WELL REPORT

County: Marion Permit #: _ Driller: James M. Wells Date completed: 6-5-14

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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

For Office Use Only:		
Well #: EC		
Aquifer:		

	001)901-0210 0 240,0535 (fax)				
) 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 Owner Information	Well Location				
Owner Name: Chris Gay	Latitude: 31° 17.145 Longitude: 089°58, 408				
Owner Name: 1775 Gay	7/1				
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
14 Gay Lane	USGS quad, Hand-held GPS, Survey-grade GPS				
Forwarth MS 39483 City State Zip Code	SE 14 NE 14, Sec 22 T 4N R 20W				
, ,	10 Miles NW of Foxworth				
Telephone No. (601) 7.36-0155	(Distance) (Direction) (Nearest Town)				
Pump Tvo	pe (circle one)				
	Jet Piston Rotary Other (describe):				
·	lated Pump Capacity:Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacement					
	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win					
Horse Power Rating of Motor: Setting Dept	h: 150 feet Number of Stages:				
, Pump Test Data	for Non Flowing Well				
Date Well Tested: 6-5-14 Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 150 Feet Below Land Surface					
Drawdown [(B) - (A)]: 112 Feet Below Land Surface Test Pumping Rate: 17 Gallons Per Minute					
Method of measurement (circle one). Steel tape) Electric tape Air line Other (describe):					
Pump Test Dat	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:	Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by: Section 1.5 2016					
Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer small by 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.					
James M 1.101/s 00005889 7-14-14 tomes on 1 with					
Print Name of Pump installer and License No. (if applicable)	Date Signature of Pump Installer				
	Form: OLWR-SWR-1B (4/13				