00	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: 11-9-15	P.O. Box 2309				
bate driving completed: [1-1-1-3	Jackson, MS 39225-2309	E-Log #:			
	(601)961-5210 (601)360-0535 (fax)				
State Law requires that this report Department at the above address w	be prepared by the license holder responsible for i ithin 30 days of completion of drilling of the well	the work and filed with the			
I Well Owner Informati	00	Phole Location 50			
(Landowner if borehole is not for Owner Name: Rials Farm	Latitude: 31015 189.1	Latitude: 31° 15, 189 Longitude: 090° 01. 842			
Mailing Address:	Method of Lat/Long (check one	Method of Lat/Long (check one): Conventional Survey,			
8 Bennett Rd.	USGS quad, Hand-held G	USGS quad, Hand-held GPS, Survey-grade GPS			
Kokoma MS	39643 Nh 1/2 1/4, Sec_	Nh 1/4 DE 1/4, Sec 6 T 3N RABIN			
City State	Zip Code	15 Miles W of Foxworth			
Telephone No. (601) 736-82	(Distance) (Direction)	(Nearest Town)			
_	Well / Borehole Data				
Date drilling started: $1-9-15$ Date of	Irilling completed: 1915 Hole depth: 300	O Hole diameter: 7%"			
Location of the source of any surface wa	iter used for drilling: Community				
	e used in drilling and development:	e chlorine			
Logs run (circle all applicable): No log rur	Electric Gamma Ray Density Sonic Neutron	Other:			
Name of organization running log(s):					
Purpose of borehole (circle one): Water W	Geotechnical/Geological Investigation	round Source Heat Pumn			
Seismic	Survey Other (describe)	R_{-}			
If drilling is not relate	ed to water well construction, skip the remainder o	of this block IAM A A 2016			
Purpose of Well (circle all applicable): Ho	me Industrial Dubis contract	i i			
Other (describe): dairy Fara	- The supply will action in	sh Culture			
If a flowing well, method of flow regulati	on: Valve Other (describe)				
~ ~ // /	bove or below land surface Date measured:	11-9-15			
Method of measurement (circle one): Stee	el tape Electric tape Air line Other (describe):				
Well depth: 300 Well grouted to a de	pth of: feet _ Type of grout (circle one): \(\)	eat Cement Bentonite Mix			
	ng diameter:inches				
creen length: 30_feet Scre	en diameter:inches Type of sc				
creen slot size: 1008 inches	Setting depth: From 270 feet to _	300 feet			
ype of completion (circle all applicable)	Gravel packed Underreamed Open hole	Natural Development			
ther (describe):					
op of lap pipe or reduction in casing:feet					
If telescoped or more than one screen, describe on next page					

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

County:Permit #:		For Office Use Only: Well #:			
The sketch below only required for w	ater wells	Description of formation and boreholes, unless s	ons encountered specifically exem	must be provide	ed for all wells
If well telescopes, show depths on sket	<u>ch</u> .	unu borenotes, untess s	pectyteutty exem	pieu by regulaii	<u>ons</u>
Ground Level		Description of Formations		From (depth) Ground level	To (depth)
Glound Level			T0250,1	Ground level	
			clay	+ 1	215
			sand'	215	300
		<u></u>			
•				 	
					
				 	
				 	
				-	
-				+	
				+	
				 	
				<u> </u>	
If more than one screen, show location of ea	ach on sketch		• • • • • • • • • • • • • • • • • • • •		L
Sketch the property layout and include the f	ollowing:				
 the well location any permanent structures on the proj any roads, power lines, or other item north arrow 	perty that may	aid in locating the well in locating the property and th	ne well		
Hay 5	586				
$\searrow t$	`. <i>I</i>		_		
	olcomo k				•
	ANTO K	21			
		~ <u>~</u>			~
	0.1			and the second second	C. The full screen
	nett Rd			H	
	241			7 · · · · · · · · · · · · · · · · · · ·	, To the end
/ Ber	ر سراا			JAN 04	2016
	/ <i>X</i>		·	0/AIT 9 1	£010
				ر مهر	Goods 📜
0.1.5	-				
Landowner Name: Kials Far	ms .		······································		
I HEREBY CERTIFY that the well/boreho requirements of the Mississippi Departm if applicable, and state laws.	le was drilled ent of Enviro	I, constructed, and completenental Quality and the Mi	ted in accordan ississippi Depart	ce with all appl ment of Health	icable regulations,
Jones 100 1 falls AMA	5880	12-30-15 3	-	/	•
Dames IM. Wells 0000			arries 1	- Call	<u> </u>
Print Name of Responsible Licensee and	LICEUSE NO.	Date	Signatu	re of Licensee	-SWR-1A (4/13

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 39225-2309
(601)961-5210

For Office Use Only:			
Well #:			
Aquifer:			

<u> </u>	601)961-5210) 360-0535 (fax)				
This part of the report must be completed by a licensed water	,	mn installer. A conv of Part 1			
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	epartment at the above address v	within 30 days of well completion.			
Well Owner Information		ocation			
Owner Name: Rials Farms	Latitude: 31° 15. 189 Longitude: 090° 01. 542				
Mailing Address:	Method of Lat/Long (check one	e): Conventional Survey,			
8 Bennett Rd.	USGS quad, Hand-held G				
Kokomo MS 39643 City State Zip Code	¼¼, Sec_	6 T 3N 20M			
	15 Miles W 0	of Foxworth			
Telephone No. (601) 736-8218	(Distance) (Direction)	(Nearest Town)			
Pump Ty	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well					
Date Pump installed: 11-9-15	Rated Pump Capacity:5	Gallons Per Minute			
is This Pump (circle one): New Repaired Replaceme					
Power Ty	r pe (ci rcle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wir		1			
Horse Power Rating of Motor: Setting Dep	th: 160 feet Numbe	r of Stages:/			
	for Non Flowing Well	, ,			
Date Well Tested: 11-9-15	Duration of Pump Test (minin	num 4 hours): hours			
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):	<u> 160</u> Feet Below Land Surface			
Drawdown [(B) - (A)]: 925 Feet Below Land Sur	face Test Pumping Rate:	65 Gallons Per Minute			
Method of measurement (circle one) Steel tape Electric t	ape Air line Other (describe):				
	ata for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet after	_hours of pumping			
Meter	Installation				
Meter Manufacturer:	Meter Serial Number: _				
Meter Model Number/Name:	Type of Meter:	JAN 0 4 2016			
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	ıl x 1000, etc):	233			
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replacem		ļ			
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.					
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.					
To my will applied 12:30:15 James M. Coult					

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

12.30-15 Date Signature of Pump Installer

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