~	STATE WELL REPORT	373				
County: Marion	Part 1	For Office Use Only:				
Permit #:	Driller's Log Mississippi Department of Environmental Quality	Well #: K115				
Driller: James M. Wells	Office of Land and Water Resources	Aquifer:				
Date drilling completed: 2.35-19	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:				
	(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 Information	00	<i>r borehole.</i> nole Location				
(Landowner if borehole is not for	Latitude 31°14. Ilan Vian	nitude: 39°57. 30N				
	31-12-31 1	89-54-56 33				
Mailing Address:	Method of Lat/Long (check one)					
Daisy Ln.	USGS quad, Hand-held GP					
City State	Zip Code   SE 1/4 SW 1/4, Sec_4	30 T 3N R 13E				
Telephone No. (601) 310-114	Miles of					
Tetaphishe Her (DDL)	(Distance) (Direction)	(Nearest Town)				
Date drilling started 2.25-19 Date drilling completed: 2.25-19 Hole depth: 160 Hole diameter: 71/2"						
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 run	ogs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):	Density Some Neutron Other:					
Purpose of borehole (circle one Water W		ound Source Heat Pump				
Seismic		ound source field Fullip				
If drilling is not relate	ed to water well construction, skip the remainder of					
Purpose of Well (circle all applicable): Ho	Industrial Ditti d	h Culture				
Other (describe):		0.7				
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 45feet [above or below] land surface Date measured: 2.25-19						
Method of measurement (circle one) Stee	el tape Electric tape Air line Other (describe):	·				
Well depth: 160 Well grouted to a depth of: 16 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 140 feet Casing diameter: 4 inches Type of casing: 000						
Screen length: 60 feet Screen diameter: 4 inches Type of screen: 6000000000000000000000000000000000000						
creen slot size: .008 inches Setting depth: From 140 feet to 160 feet						
ype of completion (circle all applicable) Gravel packed Underreamed Open hole Natural Development						
ther (describe):						

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  Permit #:	i		Ì	Office Use	1
The sketch below only required		Description of fo and boreholes, u	rmations encountered r nless specifically exemp	nust be provid nted by regular	led for all wells
If well telescopes, show depths o	n skeich.	Description of Form	mations Encountered	From (depth)	To (depth)
Ground Level			to(>501)	Ground level	1
			'clay	1	10
			sand '	10	20
			clay	30	90
			- Sana'	90	160
	-				
					<del>                                     </del>
	•				<del>-</del>
ĺ					
					<del></del>
					+
				<del> </del>	-
1					
70 1					
If more than one screen, show locati	on of each on sketch				
Sketch the property layout and included in the well location 2) any permanent structures on 3) any roads, power lines, or oth 4) north arrow	the property that may a	aid in locating the well in locating the propert	t y and the well X wel		
				الاسالة إداماتهم	the same of the sa
					gay in heart of
		1			
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				·go"	
Cadara	H				
Landowner Name: Lechic	שכעמשיו	<u>n</u>			
I HEREBY CERTIFY that the well/ requirements of the Mississippi D if applicable, and state laws.	borehole was drilled, epartment of Enviror	, constructed, and c nmental Quality and	completed in accordan I the Mississippi Depart	ce with all ap ment of Heal	plicable th regulations,
James M. Wells C Print Name of Responsible Licens	0005889	4- <b>6</b> -19 Date	Janua 1	re of Licensee	

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

## STATE WELL REPORT

## County: Marion Permit #: Date completed: 2.25.19 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 Office Use Only:				
Well #:				
Aquifer:				

	This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Fart I 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				
4,000	Owner Name: Cedric Thompson	Latitude: 31° 14.16 N Longitude: 89° 58.33 W				
	Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
	17 Daisy Lo.	USGS quad, Hand-held GPS, Survey-grade GPS				
	Foxworth ms 39483	SE 1/2 SVV 1/4, Sec 20 T 3 N R 13 [=				
	City State Zip Code	Miles of				
	Telephone No. (1601) 310 - 1142	(Distance) (Direction) (Nearest Town)				
	Pump Type (circle one)					
(	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
	Date Pump Installed: 2.25-19	Rated Pump Capacity:Gallons Per Minute				
	Is This Pump (circle one): New Repaired Replacement					
	Power Type (circle one)					
(	Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
	Horse Power Rating of Motor: Setting Dept	h: <u>80</u> feet Number of Stages:				
	Pump Test Data for Non Flowing Well					
	Date Well Tested: 2-25-19 Duration of Pump Test (minimum 4 hours): 4 hours					
	Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface					
	Drawdown [(B) - (A)]: 54 Feet Below Land Surface Test Pumping Rate: Gallons Per Minute					
	Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):					
	Pump Test Data for Flowing Well					
	Measured shut in head:feet.	PECEL PROPERTY OF THE PERSON O				
	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 x .001, gal	1				
	Installation Date: Meter installed by:					
	Is This Meter (circle one): New Repaired Replaceme	ent				
	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.					

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

Signature of Pump Installer

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