	STATE	WELL REPORT			
county: Marion	SIAIL	Part 1	For Office Use Only:		
Permit #:	D	viller's Log	Well #: 195		
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Date drilling completed: 8-25-15		P.O. Box 2309	E-Log #:		
		on, MS 39225-2309 (601)961-5210			
		1)360-0535 (fax)			
State Law requires that this report Department at the above address w		mpletion of drilling of the well	or borehole.		
Well Owner Informat (Landowner if borehole is not for			$\frac{1}{2}$		
Owner Name: Arvin Mcc	Brew	Latitude: 31°11.400 Longitude: 089°45.104			
Mailing Address: Method o		Method of Lat/Long (check on	e): Conventional Survey,		
223 Ward Loop		USGS quad, Hand-held GPS, Survey-grade GPS			
		<u>SE 14 SE 14, Sec.</u>	25 T3N R18W		
	City State Zip Code & Miles S of Collimbia				
Telephone No. (601) 341-56	Telephone No. (601) 341-5289 (Distance) (Direction) (Nearest Town)				
r	Well / B	orehole Data			
Date drilling started: 8-35-15 Date	drilling completed:	7:25.15 Hole depth: 180	1		
Location of the source of any surface v			1 .		
Method of dosing and volume of Chlorid	ne used in drilling a	nd development: <u>GRAN</u>	e chlorine		
Logs run (circle all applicable): No log r	un) Electric Gamm	na Ray Density Sonic Neutr	on Other:		
Name of organization running log(s):			######################################		
Purpose of borehole (circle one): Water	Well Geotechn	cal/Geological Investigation	Ground Source Heat Pump		
Seism	ic Survey Other	(describe)			
If drilling is not rela	ated to water well c	onstruction, skip the remainde	r of this block		
Purpose of Well (circle all applicable):			Fish Culture		
Other (describe):					
If a flowing well, method of flow regul					
Static Water Level: 70 feet [above or Gelow] land surface Date measured: 8-25-15					
Method of measurement (circle one). Steel tape Electric tape Air line Other (describe):					
Well depth: 180 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>					
Screen slot size:OOS_inches Setting depth: Fromfeet tofeet tofeet					
Type of completion (circle all applicable	e): Gravel packed) Underreamed Open hole	Natural Development		
Other (describe):			OCT 01 2015		
Top of lap pipe or reduction in casing:	feet		an An State of State		
If telesco	oped o <mark>r mor</mark> e than	one screen, describe on next pa	Ige was a constant of the constant		

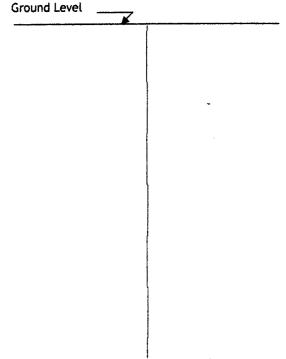
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County: _	Marion
Permit #:	

For Office Use Only: Well #: <u>L95</u>

The sketch below only required for water wells

If well telescopes, show depths on sketch.

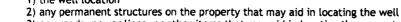


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
topsoil Clay Sand	Ground level	1
clay]	135
sand	135	180
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		l
		L

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

Sketch the property layout and include the following: 1) the well location



 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow 				
\mathcal{L}				
Edra Rol				
A Contraction of the second se				
ward Loop X UCLES & RUN				
Landowner Name: Arvin McGrew				
HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable				
requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.				
James M. Wells 00005889 9-28-15 James M. Lelle				
Print Name of Responsible Licensee and License No. Date Signature of Licensee				

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

STATE W	ELL REPORT				
County: Marion	Part 2	For Office Use Only:			
Pump Installe	er's Completion Report	Well #: <u>L95</u>			
	nent of Environmental Quality	Well #:			
5.7515 P	.O. Box 2309	Aquifer:			
	on, MS 39225-2309 601)961-5210				
(601) 360-0535 (fax)				
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the L	Department at the above address w	athin 30 days of well completion.			
Well Owner Information Owner Name: Arvin Mc Crew	Weli L	ocation ngitude: 059° 45, 104			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
273 librad Lano	USGS guad . Hand-held GPS, Survey-grade GPS				
Columbia M5 39429	1/4 1/4, Sec_	<u>1414, Sec_353NR /8W</u>			
Columbia MS 39429 City State Zip Code	8 Miles 5 o	<u>S</u> Miles <u>S</u> of <u>Columbia</u> (Distance) (Direction) (Nearest Town)			
Telephone No. (60) 341-5289	(Distance) (Direction)	(Nearest Town)			
	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 5.25.15 Rated Pump Capacity: 22 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replaceme	ent				
	ype (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wi	ndmill Other (<i>describe</i>):				
Horse Power Rating of Motor: Setting Depth:feet Number of Stages:					
Date Well Tested: 535.15 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 70 Feet Below Land Surface		100 Feet Below Land Surface			
Drawdown [(B) - (A)]: 773 Feet Below Land Sur	rface Test Pumping Rate:	17 Gallons Per Minute			
Method of measurement (circle one). Steel tape Electric t					
	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:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:					
is This Meter (circle one): New Repaired Replacement					
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.					
LHEREBY CERTIFY that the above statements are true to t	the best of my knowledge.				
	\wedge	a minute			
HEREBY CERTIFY that the above statements are true to the statements of the statements are true to the statement of the statem	9-28-15 Jan	ature of Pump Installer 2015			

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