	1 STATE	WELL REPORT				
County: Marion		Part 1	For Office Use Only:			
Permit #:		riller's Log	Well #:			
Driller: James M. Wells		ment of Environmental Quality and and Water Resources	Aquifer:			
Date drilling completed: 4-17-15	,	P.O. Box 2309	E-Log #:			
Date drilling completed:		on, MS 39225-2309 601)961-5210				
		1)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		31 11 10 Well or Bore	Phole Location 8의 년5 31			
(Landowner if borehole is not for	•	Latitude: 31°11. 18a Longitude: 089°45. 5a6				
Owner Name: Hrvin Mc	Grew	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address:						
223 Ward Loop	USGS quad, Hand-held (
Columbia M3	39429 SE 1/4, Sec 25 T 3N R 18W					
City State	Zip Code 8 Miles 5 of Columbia					
Telephone No. (601) 736-71	(Distance) (Direction) (Nearest Town)					
Well / Borehole Data						
Date drilling started: 4-17-15 Date drilling completed: 4-17-15 Hole depth: 180 Hole diameter: 7'8"						
Location of the source of any surface water used for drilling:						
Method of dosing and volume of Chlorine used in drilling and development:						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Name of organization running log(s):						
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (describe)						
If drilling is not related to water well construction, skip the remainder of this block Carly						
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: 80 feet [above or selow] land surface Date measured: 4-17-15 (circle one)						
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): Weat Cement Bentonite Mix						
Casing length: 160 feet Casing diameter: 1 inches Type of casing: 0VC						
Screen length: 00 feet Screen diameter: 4 inches Type of screen: 000						
Screen slot size: <u>ODT</u> inches	Screen slot size: 1008 inches Setting depth: From 160 feet to 180 feet					
Type of completion (circle all applicab	Jel Gravel nacked	Underreamed Open hole	Natural Davelonment			

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

Other (describe):___

Top of lap pipe or reduction in casing: _____feet

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

County:		For	r Office Use レタし	Only:
The sketch below only required for water wells	Description of formations enco			
If well telescopes, show depths on sketch.	and boreholes, unless specifica	ally exem	pted by regulation	<u>ons</u>
Ground Level	Description of Formations Encour	ntered	From (depth)	To (depth)
Ground Level	tups:	sil_	Ground level	
	ČL.	ay_	130	130
	301	Var	130	780
		 		
·				
			<u> </u>	
				
If more than one screen, show location of each on sketch				
If more than one sereen, 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 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well		~ /	
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) · ~ ~ ~		/ /		
Landowner Name: Arvin McGre	W	`		
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environif applicable, and state laws.	l, constructed, and completed in a nomental Quality and the Mississip	accordano pi Depart	ce with all appl ment of Health	icable regulations,
James M. Wells 00005889	5.26.15 Jan	ء صہ	-1-11	•_
Print Name of Responsible Licensee and License No.	Date		e of Licensee	
				R-SWR-1A (4/13

STATE WELL REPORT

County: _

Permit #:

Date completed:

Driller: James M. Wells

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 #: 496	
Aquifer:	

	601)961-5210) 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	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Arvin McGrew	Latitude: 31°11.182 Longitude: 089°45.526				
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
223 Ward Loop Rd.	USGS quad, Hand-held GPS, Survey-grade GPS				
[Columbia Mis 39429	¼¼, Sec <u>25</u> T <u>3N</u> R <u>18W</u>				
	(Distance) Miles S of Columbia (Nearest Town)				
Telephone No. (601) 736-7132	(Distance) (Direction) (Nearest Town)				
Pump Ty	oe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 4-17-15 Rated Pump Capacity:					
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: 100 feet Number of Stages: 14				
Pump Test Data for Non Flowing Well					
Date Well Tested: 4-17-15 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surf	ace 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.					
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:					
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.					
I HEREBY CERTIFY that the above statements are true to th	e best of my knowledge.				
HEREBY CERTIFY that the above statements are true to the Sames M. Wells 0005789 Print Name of Pump Installer and License No. (if applicable)					

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