	STATE '	WELL REPORT				
county: Marion	1 44.6 1		For Office Use Only:			
Permit #:		riller's Log	Well #:			
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
Date drilling completed: 10-24-13		P.O. Box 2309	E-Log #:			
Date dritting completed: : : : : : : : : : : : : : : : : : :	8	on, 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		Well or Borehole Location				
(Landowner if borehole is not for	-	Latitude: 31°04.879 Longitude: 89°54. 168				
Owner Name: 1 0 P.MT	nan	53 tC				
Mailing Address: 114 A Pit	tman Rd.	Method of Lat/Long (check one): Conventional Survey,				
USGS quad, Hand-held GPS, Survey-grade GPS						
Sandy HODK MS 39478 NW 1/4 SW 1/4, Sec 4 /T IN R 1960						
City State	Zip Code 15 Miles NW of Sandy Hook 13E					
Telephone No. (601) 447-28	393	(Distance) (Direction)	(Nearest Town)			
Well / Borehole Data Date drilling started: 10-24-13 Date drilling completed: 10-24-13 Hole depth: 12 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 r	un Electric Gamn	na Ray Density Sonic Neutro	on Other:			
Name of organization running log(s): _	Name of organization running log(s):					
Purpose of borehole (circle one). Water	Well Geotechni	cal/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						
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: 76 feet [above or below] land surface Date measured: 10-24-13						
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):						
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 100 feet Casing diameter: 4 inches Type of casing: DVC						
Screen length: 20 feet Screen diameter: 4 inches Type of screen: DVC						
Screen slot size: 1008 inches Setting depth: From 100 feet to 120 feet						
Type of completion (circle all applicable). Gravel packed Underreamed Open hole Natural Development						

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:			Office Use	1
The sketch below only required for water wells	Description of formations enco and boreholes, unless specifica			
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encour	ntered	From (depth)	To (depth)
Ground Level	top	Soil	Ground level	1
	500	4	75	75
				100
•				
		/		
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 a 3) any roads, power lines, or other items that may aid in 4) north arrow	id in locating the well n locating the property and the well			
Sen po Se Co	X			
Y.				
	Water	Tan	KARd	
He	48		general and a second	
2			8Y: ()	
Landowner Name: TJ P: Himan				
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environi if applicable, and state laws.	constructed, and completed in a mental Quality and the Mississipp	ccordance oi Departn	e with all applic nent of Health i	able regulations,
James M. Wells 00005889	11-14-13 Jan	- F	· Carelo	
Print Name of Responsible Licensee and License No.	Date	Signature	of Licensee	SWR-1A (4/13)

STATE WELL REPORT

Marian Driller: James M. Wells

County: _

Permit #:

Date completed: 10-24-13

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 #: Na 1 10		
Aquifer:		

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the De	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: 15 Pitman	Latitude: 31°04.879 Longitude: 89°54.168				
Mailing Address: 114 A Pittman Rd	Method of Lat/Long (check one): Conventional Survey,				
20	USGS quad, Hand-held GPS, Survey-grade GPS				
Sandy Hook MS 39478 City State Zip Code					
Telephone No. (60) 447 - 2893	15 Miles NW of Sandy Hack (Distance) (Direction) (Nearest Town)				
Pump Type (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 10-24-13 Rated Pump Capacity: 18 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: 100 feet Number of Stages: 19				
Pump Test Data for Non Flowing Well					
Date Well Tested: 10-24-13 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surfa	ace Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one) Steel tape Electric ta	pe 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	e best of my knowledge.				

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

Date

Signature of Pump Installer

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