County: 11 Adr. 20 Part 1 Driller's Log Well #:		STATE WELL REPORT	275
Permit 8: Driller's Log Deriver: Date drilling completed: Set 2013 Determit 8: Mississipol Department of Environmental Quality Determit 8: Determit 8: Date drilling completed: Set 2013 State drilling completed: Set 2013 Determit 8: Department of Environmental Quality Department at the above address within 30 days of completion of drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department of the order drilling of the work and filed with the Department (Set 2000) Date drilling conduction Set 2000 Date drilling conduction Set 2000 Date drilling startes: Diff drilling conduction	County: Marian		For Office Lise Only.
britler: Date drilling completed: Mistissippi Department of Environmental Quality Date drilling completed: Sectors P.O. 80x 2309 State Law requires that this report be prepared by the fleense holder responsible for the work and filed with the Department at the above address within 30 days of completion of alliling of the well or borehole. P.O. 80x 2309 Well Owner Name: Major is prepared by the fleense holder responsible for the work and filed with the Department of the work is prepared by the fleense holder responsible for the work and filed with the Department of the work is prepared by the fleense holder responsible for the work and filed with the Department of the work is prepared by the fleense holder responsible for the work and filed with the Department of the work is prepared by the fleense holder responsible for the work and filed with the Department of the work is prepared by the fleense holder responsible for the work and filed with the Department of Environmental Quality Well Owner Name: Major is days of completion of alloting (cleck one): Convertees State Zip Code Katt Si V. V. Sec. C. T. I.N. R. 14(5) Telephone No. State Zip Code Well Borehole Data Melle address: Melle address: Date drilling stated: Discle or drilling completed: State: Zip Code Well Aborehole Data Department of disk block Hole clameter: Zip '' Date drilling state discle of		Driller's Log	
Date drilling completed: §-13-18 P.O. 507 2309 E.log #: (001)361-5210 (001)361-5210 (001)361-5210 (001)361-5210 (001)361-5210 (001)361-5210 (001)361-5210 (001)361-5210 (001)361-5210 Well Owner Information Well Owner Information Well or Borehole Location Maling Address:	Driller: James M. I.Jells	Mississippi Department of Environmental Quality	
Acknow is a 2007 100 100 100 100 100 100 100 100 100	5 12 17	P.O. Box 2309	
(601)360-0335 (fax) State Law requires that this report be propered by the themes 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 (Lande Diversity of the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. Well or Borehole Location Well or Borehole Location (Lande Diversity of the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. Well or Borehole Location Mailing Address: Diversity of the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. Well of Diversity State Diversity of the work and filed with the Department at the above address within 30 days of completion of the work and filed with the Department at the above address within 30 days of completion of the work and filed with the Department at the above address with the days of completion of the work and filed with the Department at the above address of the days of completion of the source of any surface water used for drilling: Diversite of the work and file with the Department at the above address of the technological investigation of the source of any surface water used for drilling: Diversite of		Jackson, MS 39225-2309	E-LOg #:
Well owner information (Landowner in formation Well or Barehole. (Landowner if horehole is not for a water well) Well or Barehole Location Owner Name: Dayorie Braud Mailing Address: State State January State Zip Code January State Zip Code State Zip Code Milling of Lance January State Zip Code State Zip Code Mello of Lat/Long (check one): Conventional Survey USG5 quad , Hand-held GPS Survey:grade GPS January State Zip Code Method of Lat/Long (check one): Conversion Obstance Obstance Mello of Lat/Long (check one): Conversion State Zip Code Mailing started: Date drilling completed Data Date drilling started: Date drilling completed Data Date drilling started: Date drilling and development: Granule Method of dosing and volume of Chlorine used in drilling: Dunning Creek Mello Name of organization running tog(s): Mele chrite aner Mello			
Well owner information Well owner information Well or Barehole Location Jandy Hack	State Law requires that this report Department at the above address w	be prepared by the license holder responsible for t ithin 30 days of completion of drilling of the well.	he work and filed with the
Data on the total total water well Downer Name: Dayorie Dayorie Dayorie Mailing address: Dayorie Dayorie Dayorie Distance Distance Dayorie Distance Distance Distance Diges D	well Owner Informati	on Well or Bore	hole Location
Mailing Address:	\sim	Latitude: 31° AL D5N or	rituda 59°55 MUN
Mailing Address:	Owner Name: 11/200018	31-01-05	84-50-01
State State <td< td=""><td></td><td>Method of Lat/Long (check one</td><td>): Conventional Survey,</td></td<>		Method of Lat/Long (check one): Conventional Survey,
City Y State Zip Code Miles of Telephone No. (205 1610 - 5333 (Distance) (Direction) (Nearest Town) Well / Borehole Data Date drilling started: Date drilling completed: 813-18 Hole depth: DSS_Hole diameter: T/S'' Location of the source of any surface water used for drilling: PLDN: Age Creek Stanule Chlorine Ganule Chlorine Method of dosing and volume of Chlorine used in drilling and development: Granule Chlorine Ganule Chlorine Logs run (clrcle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):	38 Walking J	Lane USGS quad, Hand-held Gi	PS, Survey-grade GPS
Telephone No. (235 1610-5323 Instance) of (Distance) Of	Jandy Hook MS	39478 X X, Sec X, Sec	3C TIN RIAE
Date drilling started: D.D. Date drilling completed: D.D. Hole depth: D.D. Hole diameter: 7/6" Location of the source of any surface water used for drilling: PURDAG CYEEK Method of dosing and volume of Chlorine used in drilling and development: Granule chlorine Logs run (clrcle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):		Miles	(Nearest Town)
Method of measurement (circle one) Steel table Electric tape Air line Other (describe): Well depth: Well grouted to a depth of: //o feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: Image: Steel table Casing diameter:	Method of dosing and volume of Chlorine Logs run (circle all applicable) No log run Name of organization running log(s): Purpose of borehole (circle one): Water W Seismic If drilling is not relate Purpose of Well (circle all applicable): Ho Other (describe): If a flowing well, method of flow regulati	e used in drilling and development: <u>Granule</u> Electric Gamma Ray Density Sonic Neutron Velt Geotechnical/Geological Investigation G Survey Other (<i>describe</i>) ed to water well construction, skip the remainder of ome Industrial Public Supply Irrigation Fig	o Other: round Source Heat Pump of this block sh Culture RECEIVE SCP 20 20%
Casing tength: feet Casing diameter: inches Type of casing:	Method of measurement (circle one)	el tape Electric tape Air line Other (describe):	
Casing tength: feet Casing diameter: inches Type of casing:	Well depth:	pth of: 16 feet Type of grout (circle on : N	eat Cement) Bentonite Mix
Green length: OO feet Screen diameter: inches Type of screen: OV Green slot size: OO inches Setting depth: From OO feet feet Sype of completion (circle all applicable) Gravel packed Underreamed Open hole Natural Development Other (describe):	Casing length: 0105_feet Casin	g diameter:inches Type of cas	
inches Setting depth: From	Screen length: <u>20</u> feet Scre	en diameter: inches Type of cas	
Type of completion (circle all applicable) Gravel packed Underreamed Open hole Natural Development Other (describe):	creen slot size: .008inches	245	21E
op of lap pipe or reduction in casing:feet			
op of lap pipe or reduction in casing:feet	thor (describe).		Natural Development
The second			

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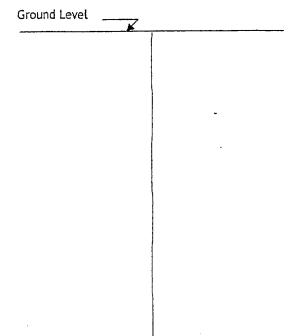
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County:	Marion
Permit #:	

Fo	or Office Use Only:
Well #:	G174

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)
100501	Ground level	1
clay	<u> </u>	20
Sand 1	30	90
clay	90	94
Sand	94	135
Sand Clay	138	138
sand	138	225
• • • • • • • • • • • • • • • • • • •		

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

Print Name of Responsible Licensee and License No.

Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow
Landowner Name:
I 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.
Tames IN. Wells 00005889 8-18-18 James M. C.e.C. Print Name of Responsible Licensee and License No. Date Signature of Licensee

Date

County: Marian	STATE WELL REPORT Part 2	For Office Use Only
Permit #:	Pump Installer's Completion Report	For Office Use Only:
Driller: James M. Wells	Mississippi Department of Environmental Qualit Office of Land and Water Resources	well #: <u>Q174</u>
Date completed: 8-13-18	P.O. Box 2309	Aquifer:
Copy information from block on Part 1	Jackson, MS 39225-2309 (601)961-5210	Aquiter.
	(601) 360-0535 (fax)	Lauren
This part of the report must be completed	t by a licensed water well contractor or a licensed parts filed with the Department at the above addre	pump installer. A copy of Part I system within 30 days of well completion.
Well Owner Informatic	We	Il Location
owner Name: Marjorie B	Latitude: 31°01.05N	Longitude 89°50,01W
Mailing Address:		one): Conventional Survey,
38 Walking J	Lane USGS quad, Hand-hel	d GPS, Survey-grade GPS
Sandy Horak J MS	39478 SW 4 SVU 4, SV	COTIN RIGE
City State	Zip Code	of n) (Nearest Town)
Telephone No. 205) 610 - 53	(Distance) (Direction	n) (Nearest Town)
~	Pump Type (circle one)	
Submersible Turbine Air Lift Centrifu	ugal Flowing Well Jet Piston Rotary Other	(describe):
-~	Rated Pump Capacity:	Gallons Per Minute
s This Pump (circle one): New Rep	والمتحد المتحد المتحد المحاد المتحد والمحد والمح	
	Power Type (circle one) Tractor PTO Windmill Other (describe):	
	Setting Depth:feet Num	
Horse Power Rating of Motor.		
	Pump Test Data for Non Flowing Well Duration of Pump Test (million)	
<u>^</u> .	Below Land Surface Pumping Water Level (B	
Drawdown [(B) - (A)]:	Feet Below Land Surface Test Pumping Rate:	Gallons Per Minute
Method of measurement (circle one); St	eel tapy Electric tape Air line Other (describ	e}:
	Pump Test Data for Flowing Well	- • • N
Measured shut in head:feet.		RECEN
Well yieldedGPM with a d	rawdown of feet after	hours of pumping strength
	Meter Installation	
		· ــــــــــــــــــــــــــــــــــــ
Meter Model Number/Name:	Type of Meter:	
Totalizer Register Unit and Multiplier Fa	actor (AF x .001, gal x 1000, etc):	
nstallation Date: /	Meter installed by:	
Is This Meter (circle one): New Rep	paired Replacement	
Important: By submitting the above in For agricultu	formation you are certifying that this meter was i rul wells, a list of approved meters is on the MDE	nstalled to manufacturer standards. Q website.
I HEREBY CERTIFY that the above staten	nents are true to the best of my knowledge.	

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