County: MAIShall Driller: Jones w Moson Date drilling completed: 9-18-14

STATE WELL REPORT Part 1

Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309

(601)961-5210

-i Only:	
For Office Use Only:	
well #:	1
Aquifer:	1
E-Log #:	_

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.

State Law requires that this report be produced to the state of the st	Well or Borehole Location
State Luvior at the above address within e	Latitude: 34°4)'32.33 N Longitude: 89°40'37.80 W
Department at the above Information Well Owner Information water well)	Longitude, Discourse Strains
Well Owner Information (Landowner if borehole is not for a water well)	Latitude.
(Landowner I) borelle	Method of Lat/Long (check one): Conventional Survey,
JULION GAICH	Method of Latitudes (Constitutions)
Owner Name:Outley &G.	Hand-held GPS Survey-grade GPS
Owner Name:	USGS quad, Hand-held GPS, Survey-grade GPS
Waiting Address.	1 . CE 11 00 25 T 35 R 5W_
	SW 1/4 SE 1/4, Sec 35 T 35 R SW
ms 38611	- Internal
Byholia State Zip Code	1/2 Miles NE of Wortson
1 City	(Distance) (Direction) (Nearest Town)
Telephone No. (901) 497-6132	(Distance)
Telephone No. (901)	

Tetephone view (
Well / Borehole Data
Date drilling started: 9-18-14 Date drilling completed: 9-18-14 Hole depth: 155 Hole diameter: 63/4
Location of the source of any surface water used for drilling:
Location of the source of any surface water and development:
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): いい
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
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:feet [above or below] land surface Date measured:
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String weight
Well depth: 175 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite) Mix
Casing length: 145 feet Casing diameter: 4 inches Type of casing:
Screen length: 10 feet Screen diameter: 4 inches Type of screen: $\rho \circ c$
Screen slot size: 100 inches Setting depth: From 145 feet to 175 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Description
Other (describe): 0CT 20 2014
Top of lap pipe or reduction in casing:feet
If telescoped or more than one screen, describe on next page

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 4) north arrow CCT 20 201 Landowner Name: Tolion Gercia 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	County: Permit #:		For Office Use Well #: #378	Only:
If more than one screen, show location of each on sketch. Section dicyth Ground level To (depth) T	The sketch below only required for water wells			
If more than one screen, show location of each on sketch If more than one screen, show location of each on sketch If more than one screen, show location If more than one screen, show lo	If well telescopes, show depths on sketch.			
If more than one screen, show location of each on sketch Section 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: Landowner Name: Julian Gercia Cocia 20 781 Landowner Name: Julian Gercia Cocia 30 65 7 (35) Cocia 20 781 Landowner Name: Accia 30 65 7 (35) Cocia 20 781 Landowner Name: Accia 30 65 7 (35) Cocia 20 781 Landowner Name: Accia 30 65 7 (35) Cocia 30 65 7 (35) Cocia 30 65 7 (35) Landowner Name: Accia 30 65 7 (35) Cocia 30 65 7 (35) Landowner Name: Accia 30 65 7 (35) Cocia 30 65 7 (35) Landowner Name: Accia 30 65 7 (35) Cocia 30 65 7 (35) Landowner Name: Accia 30 65 7 (35) Cocia 30 65 7 (35) Landowner Name: Accia 30 65 7 (35) Cocia 30 65	Ground Level		Ground level	
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Landowner Name: Julian Gercia 1 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. Jess w. Meson 0-620 10-16-14 Annument	 any permanent structures on the property that may any roads, power lines, or other items that may aid north arrow 	in locating the property and the well		
Landowner Name: Julian Gercia 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. Jack W. Masch 0-670 10-16-14 Jack Masch		HENX ST		
Landowner Name: Julian Gercia 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. Jack W. Mescr. 0-670 10-16-14 Jack Mass.	2		RECEIVED	8
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Tones w Meson 0-670 10-16-14 For w. Men- Print Name of Responsible Licensee and License No. Date Signature of Licensee	LUEDERY CERTIFY that the well/barehole was drilled	constructed, and completed in a	accordance with all app pi Department of Health	licable n regulations,
Print Name of Responsible Licensee and License No. Date Signature of Licensee	T 100000 00000	10 17 M	1	
	Print Name of Responsible Licensee and License No.		Signature of Licensee	

STATE WELL REPORT

County: Morshall Permit #: Date completed: 9-16-14

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Office of Land and Water Resources P.O. Box 2309

For Office Use Only:	
Well #: 11373	
Aquifer:	

	son, MS 39225-2309	Aquiter:			
	(601)961-5210				
(60	1) 360-0535 (fax)				
This part of the report must be completed by a licensed wate of the report must be attached and both parts filed with the					
Well Owner Information	Well Lo				
Owner Name: Julian Garcia	Latitude: 34°47′aa.23N Long	gitude: <u>89°40′37,80 ω</u>			
Mailing Address: 70 Ashley drive	Method of Lat/Long (check one)				
	USGS quad, Hand-held GP				
Bytalia MS 38611 City State Zip Code	5W 1/4 5E 1/4, Sec_0	35 τ 3ς R 3ω			
	$\frac{1/2}{\text{(Distance)}}$ Miles Direction of	<u>nostou</u>			
Telephone No. (901) 497 - 6132	(Distance) (Direction)	(Nearest Town)			
Pump T	ype (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well					
Date Pump Installed: 9-18-14	Rated Pump Capacity:	Gallons Per Minute			
Is This Pump (circle one): (New) Repaired Replacement		,			
Power T	ype (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wi					
Horse Power Rating of Motor: 314 Setting Dep	oth: <u>90</u> feet Number	of Stages:			
	a for Non Flowing Well				
Date Well Tested: 9-18-14	Duration of Pump Test (minimu				
Static Water Level (A): 66 Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Su					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String weight					
Pump Test D	ata for Flowing Well				
Measured shut in head: feet.	0.1				
Well yielded GPM with a drawdown of	NA feet after <u>24</u>	hours of pumping			
Meter Installation					
Meter Manufacturer: NA					
Meter Model Number/Name: ~ [1					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: NA Meter installed by: Neter 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 t	he best of my knowledge.	Part Egy en			
1	10 11 11 ()	· • • • • • • • • • • • • • • • • • • •			

Signature of Pump Installer 0-650 10-16-14 W. Meson Print Name of Pump Installer and License No. (if applicable) Date

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