State V	Vell Report			
1	Driller's Log	For Office Use Only:		
	Mississippi Department of Environmental Quality			
	Office of Land and Water Resources			
1 Drillar 13 /LE 1/C	P.O. Box 10631			
Judition, 1	Jackson, MS 39289-0631 (601)961-5210			
	54-6938 (fax)	E-log #:		
(001)3.	74-0750 (tax)	D-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.				
Information on Well Owner	· · · · · · · · · · · · · · · · · · ·	rehole Location		
(Landowner if borehole is not for a water well)	Tatimate: 22 0/1/4 ,27	» Tamaiana 88 0 70° (10)»		
Owner Name NATHAN SEF	Latitude, 55 40 21	" Longitude: <u>88° 28', 40</u> "		
Method of Lat/Long (circle or		ne): Conventional Survey,		
		GPS, Survey-grade GPS		
HAMILTON, MS 39746	SW 1/NE 1/2 Sec 13	Twn 165 Rng 8E		
City State Zip Code	Distance Direction	Nearest Town		
Telephone No. (60) 325 - 4236	Miles N	Nearest Town of Columbus Hin Base		
Telephone No. (25) 343 > 740 G				
Well / Bore	hole Data			
Date drilling started: 8/13 Date drilling completed: 8/15 Hole depth: 200 Hole diameter: 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 (check 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 (check one): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 816				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: Well grouted to a depth of 50 feet Type of grout (circle one Neat Cement) Bentonite Mix				
Casing length: 140 feet Casing diameter: 4 inches Type of casing: 140				
Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: 1611 inches Setting depth: From 140 feet to 200 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				

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

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A



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

If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered		To (depth)
Oloung Botton		Ground Level	1
S 1 15	SAND + GRAVE	0	20
50-comoust	GRAVE SAND + CLAY	20	80
50-comen	CIRU	80	120
	Clay + SAND	120	160
$\Omega = \Omega$	SAMO	160	200
7 1			
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			+
			-
GARVEL AGE GO-4" SCAPEN	2		
140 - Bollom Chist.			
			†i
GANUEL HOUR			
60-4"5CAPEN			
A CONTRACTOR OF THE PARTY			
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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

New Well

Total Company of the well of the property and the well; 4) a north arrow.

New Well

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Setting the property arrow arr

Form: OLWR-SWR-1A

I 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

Print Name of Responsible Licensee and License No.

8/18/12

Date

Signature of Licensee

RECEIVED

SEP 6 / 2012

BY: OLWA

STATE WELL REPORT

Permit #: Driller: Parks Parks Date completed: 8/15/12

Part 2 Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:			
Aquifer:			
Well #:	Q: 101	•	
Elevation: _			

(601)354-6938 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Latitude: Longitude: Mailing Address: 40045 SelF Ro Method of Lat/Long (check one): Conventional Survey____, USGS quad_____, Hand-held GPS____, Survey-grade GPS____ SW 14 NE 14 Sec 13T 165 R 8E City State Zip Code Direction Distance 2 Miles N of Columbus Almbaso Telephone No. (62) 325 - 423 6 **Pump Type Power Type** Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Tractor PTO Bucket Piston Turbine Electric Motor Hand Windmill Rotary Flowing Well Other (specify): Centrifugal Other (specify): Date Pump Installed: 8/16/12 Setting Depth: 147 Number of Stages: _____ Rated Pump Capacity: 10 Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 8//6//2 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 40 Feet Below Land Surface Other (specify): _ Pumping Water Level (B): 60 Feet Below Land Surface For flowing well, measured shut in head: feet Drawdown [(B) – (A)]: Feet Below Land Surface Well yielded _____GPM with a drawdown of Test Pumping Rate: _____ Gallons Per Minute feet after hours of pumping Duration of Pump Test (minimum 4 hours): ______hours

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Signature of Sign

SEP 9 / 2015

