	46841 Jays Plast,
County Part 1 -	Woll Roport - Driller's Log hent of Environmental Quality Aquifer:
Permit #: $GW - 46841 \vee$ Office of Land P.(	D. Box 2309 Well #: Q 62
Date drilling completed: 1/17/15/14) (60	kon, MS 39225 L. S. Elevation:   1)961- 5210 E-log #:
State Law requires that this report be prepared by the l Department at the above address within 30 days of con	icense holder responsible for the work and filed with the
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well) Owner Name Monty Vaughn	Latitude: <u>34°19', 35</u> " Longitude: <u>90°00', 67</u> "
Mailing Address: PO BOX 240	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad Hand-held GPS Survey-grade GPS
Batesuille Ms 38406 City State Zip Code	<u>SE 4 SE 4 Sec 02</u> Twn 098 Rng 6860 Distance Direction Nearest Town
Telephone No. ()	Distance Direction Nearest Town Miles of
Date drilling started: 1-24-14 Date drilling completed: 1-34 Location of the source of any surface water used for drilling:	Vearch   Well     elopment:
Purpose of Well (check one): Home Industrial Public Suppl	v Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve	
Static Water Level: feet above of below (circle one)	land surface Date measured: 1-26-14
	e air line other:
Well depth: $49$ Well grouted to a depth of <u>10</u> feet Type	
Casing length: <u>49</u> feet Casing diameter: <u>10</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u>	
Screen slot size: 0,50 inches Setting depth: From Type of completion (circle all applicable): Gravel packed Under	
Top of lap pipe or reduction in casing:feet. If te	
	Form: OLWR, SHIR, 14 (04/06)

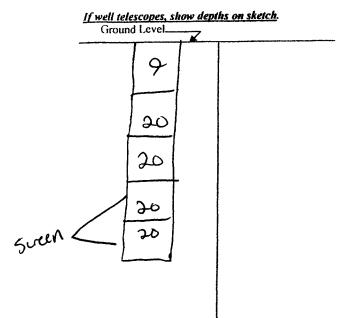
BY: CLWR

662

## The sketch below only required for water wells

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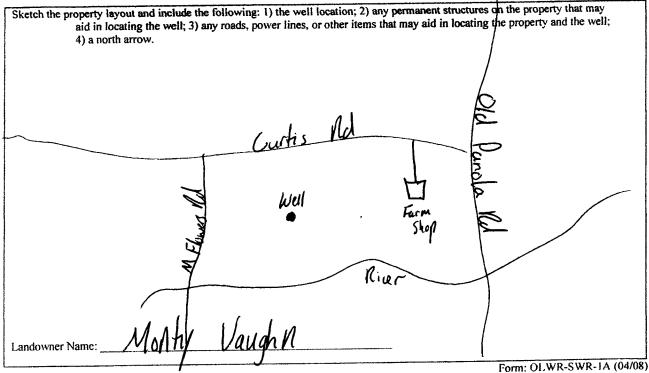
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Description of formations encountered	d must be provided for all
wells and boreholes, unless specificall	ly exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	20
graves	20	40
arrier	40	Leo
Suach	60	80
anel	80	84
CHerry		
- Stary		
	1	
	1	1
	1	11
	1	1
		1
		+1
	+	1
	+	1
		<b>†</b>
		<u> </u>
	<u> </u>	<b>†</b> i
	<u>}</u>	+
		<b>+</b>
L	1	4ł

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



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

laws. Joe umper Date

HEGENVED Aer Signature of Licensee [] ( ) 가네

Print Name of Responsible Licensee and License No.

BY: OLWR

3/26/2014 14:50 YMD Joint Water Mgmt Dist		(FAX)16626869078
nin ninan ∳iyeen maaaaaanaaaa		$\lambda^{T} = -\frac{1}{2} e^{-\frac{2}{2} t}$
		<b>8</b> ™ 4
STATE V	<b>WELL REPORT</b>	
County: PANOLA	Part 2	For Office Use Only:
Mississippi Depart	ler's Completion Report tment of Environmental Quality	Well #: <u>662</u>
Driller: Office of L	and and Water Resources P.O. Box 2309	
Date completed:	son, MS 39225-2309	Aquifer:RECEIVE
	(601)961-5210 01) 360-0535 (fax)	OCT 1 8 20
This part of the report must be completed by a licensed wat	er well contractor or a licensed pu	mp installer. A copy of Part 1
of the report must be attached and both parts filed with the Well Owner Information	Department at the above address of the vertice of t	ocation
Owner Name: MONTY JAYGAN	Latitude: 310 19, 34 Lon	ngitude: 90 . 0. 101.
Mailing Address: <u>PO. BOX 290</u>	26	): Conventional Survey,
· · · · · · · · · · · · · · · · · · ·	USGS guad, Hand-held G	
RATESUILIE MS 38000		02 T 095 R 08W
	<u>ک Miles</u> o	FRATISUELLE
Telephone No. (662) 934-8191	(Distance) (Direction)	(Nearest Town)
Pump T	ype (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well		
	Rated Pump Capacity:	<u>900</u> Gallons Per Minut
Is This Pump (circle one): (New ) Repaired Replacem	ent ype (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO W		
Horse Power Rating of Motor: Setting De	, h	of Stages:
	a for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minin	num 4 hours); hours
Static Water Level (A): Feet Below Land Surfac		
Drawdown [(B) - (A)]:Feet Below Land Su		
Method of measurement (circle one) (Steel tape) Electric	tape Air line Other (describe):	
	ata for Flowing Well	
Measured shut in head:feet,		
Well yielded GPM with a drawdown of	feet_after	_hours of pumping
//. Meter	r Installation	
Meter Manufacturer:	Meter Serial Number:	
Meter Manufacturer:	Meter Serial Number:	
Meter Manufacturer:	Meter Serial Number: Type of Meter: al x 1000, etc);	
Meter Manufacturer:X/A Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, g: Installation Date: Meter installed by:	Meter Serial Number: Type of Meter: al x 1000, etc): :	
Meter Manufacturer:   X/A     Meter Model Number/Name:	Meter Serial Number: Type of Meter: al x 1000, etc): ; nent	
Meter Manufacturer:   X/A     Meter Model Number/Name:	Meter Serial Number: Type of Meter: al x 1000, etc): ; nent	
Meter Manufacturer:   1/4     Meter Model Number/Name:   1     Totalizer Register Unit and Multiplier Factor (AF x .001, gits)   1     Installation Date:   1     Meter installed by:   1     Is This Meter (circle one):   New Repaired Replacen     Important:   By submitting the above information you are for agricultural wells, a list of a	Meter Serial Number: Type of Meter: al x 1000, etc): : nent certifying that this meter was insta pproved meters is on the MDEQ ye	
Meter Manufacturer:   X/A     Meter Model Number/Name:	Meter Serial Number: Type of Meter: al x 1000, etc): : nent certifying that this meter was insta pproved meters is on the MDEQ ye	

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