r: <u>Pite</u> :#: <u>Mississippi Departr</u> : <u>Tity relid Will feru</u> Mississippi Departr Office of Lan Prilling completed: <u>1-2-14</u> Jackso	WELL REPORT Part 1 riller's Log ment of Environmental Quality and and Water Resources	For Office Use Only: Well #: DZSC
iniling completed: 1-2-14.	riller's Log ment of Environmental Quality nd and Water Resources	
Irilling completed: 1-2-14' Jackson	ment of Environmental Quality nd and Water Resources	Aquifer:
Irilling completed: 1-2-14' Jackson	nd and water Resources	
rilling completed: 1-1-1-1-4' Jackso	P.O. Box 2309	E-Log #:
1 1	on, MS 39225-2309	
•	601)961-5210 1)360-0535 (fax)	
ate Law requires that this report be prepared by the epartment at the above address within 30 days of con	license holder responsible for t muletion of drilling of the well	he work and filed with the or borehole.
Well Owner Information	Well or Bore	ehole Location
(Landowner if borehole is not for a water well) r Name: Uili 4m Simmons,	Latitude: 310 10 53 Lon	ngitude: <u>40°28′482″</u>
ng Address: <u>Quinlavin</u> Rd		e): Conventional Survey,
#		GPS, Survey-grade GPS
undita ms State Zip Code	<u>50 14 NW 14, Sec</u>	35 T 3N R7E
State Zip Code	Miles 0	of
ohone No. ()	(Distance) (Direction)	of (Nearest Town)
drilling started: $\frac{1-2-1}{4}$ Date drilling completed:	: <u>/-2-/4.</u> Hole depth: <u>//6</u>	Hole diameter: <u>8</u>
drilling started: $\frac{1-2-14}{4}$ Date drilling completed:	lorehole Data : <u>/-J-/Y</u> Hole depth: <u>//b</u>	Hole diameter: <u>8</u>
tion of the source of any surface water used for drillin		
od of dosing and volume of Chlorine used in drilling a		
run (circle all applicable): No log run Electric Gamm		on Other:
e of organization running log(s):		
ose of borehole (circle one): Water Well Geotechni	ical/Geological Investigation	Ground Source Heat Pump
-	(describe)	
If drilling is not related to water well c	construction, skip the remainde	r of this block
ose of Well (circle all applicable): (nome) industrial	Public Supply Irrigation	Fish Culture
r (describe):		
lowing well, method of flow regulation: Valve	Other (describe)	
c Water Level: <u>50'</u> feet [above or below (circle one)		
od of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
depth: <u>//6</u> Well grouted to a depth of: <u>/0</u>		
ng length: <u>106</u> feet Casing diameter:	<u>Y''</u> inches Type of	casing: <u>fu</u>
en length: <u>(0</u> feet Screen diameter: _	<u>y</u> inches Type of	screen: <u>PCC</u>
en slot size: inches Setting depth		
	I II-downood Open hele	Natural Development
e of completion (circle all applicable):		
e of completion (circle all applicable): Sravel packed er (describe):		

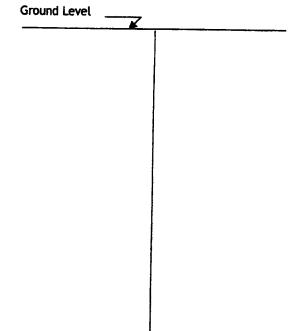
.

County: _	Pike
Permit #:	

Fo	or O	ffice	e Use	Only	:
Well #: .	\mathcal{D}	20	\$ (c		

The sketch below only required for water wells

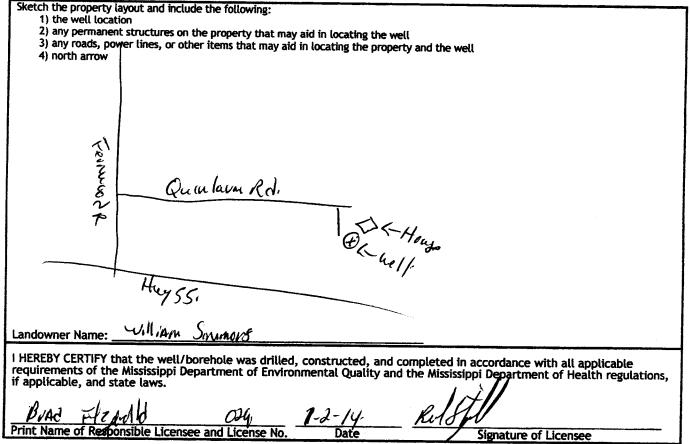
If well telescopes, show depths on sketch.



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)
	Ground level	
cluy	0	20
Cluy	20	40
sand	40	6.
cracet.	60	100
CuteSand	100	116
	1	
· · · · · · · · · · · · · · · · · · ·		

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



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

, •		
STATE W	ELL REPORT	
County:	Part 2	For Office Use Only:
Permit #: Pump Installe	r's Completion Report	
	nent of Environmental Quality	Well #: <u>D 286</u>
Date completed: $1-2-14$, P.	O. Box 2309	
Jackso	n, MS 39225-2309 01)961-5210	Aquifer:
	360-0535 (fax)	
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D		
Well Owner Information	Well Lo	ocation
Owner Name: WilliAm Simmons.	Latitude: 310 10 53.2 Long	zitude: 90° 28' 48.2"
Mailing Address: Quinlawn Rd,	Method of Lat/Long (check one)	
	USGS quad, Hand-held GP	S, Survey-grade GPS
<u>Maghilit MG</u> City State Zip Code	52 14 NW 14, Sec_	35 T_3 N' R JE
Telephone No. ()	Miles of (Distance) (Direction)	(Nearest Town)
Pump Typ	e (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well		cribe):
Date Pump Installed: $1 - 2 - 14$.		
Is This Pump (circle one): New Repaired Replacemen	· · · · · · · · · · · · · · · · · · ·	
	e (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	mill Other (describe):	
Horse Power Rating of Motor: Setting Depth	: <u>110´</u> feet Number o	of Stages:
Pump Test Data f	or Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimu	m 4 hours): hours
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):	Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below Land Surfa	ce Test Pumping Rate:	Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tap	e Air line Other (<i>describe</i>):	
Pump Test Data	for Flowing Well	
Measured shut in head:feet.		
Well yieldedGPM with a drawdown of	feet_afterh	ours of pumping
	ostallation	
Meter Manufacturer:	Meter Serial Number:	
Meter Model Number/Name:		
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 Replacemen		······································
		5 × 5
Important: By submitting the above information you are cert For agricultural wells, a list of appr	ayying that this meter was installe oved meters is on the MDEQ web	za io manufacturer standards. site.
I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.	
BiAd TIZ flueld 024. Print Name of Pomp Installer and License No. (if applicable)	1-2-14. Rel St	/
Print Name of Pump Installer and License No. (if applicable)	Date Signatu	re of Pump Installer

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