	STATE '	WELL REPORT					
county: Vice		Part 1	For Office Use Only:				
Permit #:		riller's Log	Well #: <u>G 190</u>				
Driller: James M. Wells	Mississippi Departr Office of La	nent of Environmental Quality and and Water Resources	Aquifer:				
Date drilling completed: 2-19-14		.O. Box 2309 on, MS 39225-2309	E-Log #:				
Date dritting completed.		601)961-5210					
	(601)360-0535 (fax)						
State Law requires that this report Department at the above address w	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.						
Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location					
	a water wett)	Latitude: 31°08,7411 Longitude: 90°33.4572					
Owner Name: Weal Wilson		3/1.1456 90.5469 Method of Lat/Long (check one): Conventional Survey,					
Mailing Address: 27206 EVENET Ln.							
USGS quad, Hand-held GPS, Survey-grade GPS							
Ponchatoula LA 70454 SE 1/2 5W 1/2, Sec 187 Tal			. 1				
City State	City State Zip Code 7						
Telephone No. 985, 507 - 9	d0 [	(Distance) (Direction)	(Nearest Town)				
	Weil / B	orehole Data					
Date drilling started: 2-19-14 Date	drilling completed:	2-19-14 Hole depth: 120	5 Hole diameter: 7/5"				
1							
Location of the source of any surface water used for drilling: Tunning Creek							
	Method of dosing and volume of Chlorine used in drilling and development: Granule Chlorine  Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:						
Name of organization running log(s):							
Purpose of borehole (circle one): Wate	r Well Geotechn	cal/Geological Investigation	Ground Source Heat Pump				
		(describe)	oround source ricue runnp				
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: 2-19-14							
Method of measurement (circle one) Steel tape   Electric tape   Air line   Other (describe):							
Well depth: 130 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: 100 feet Casing diameter: 4 inches Type of casing: DVC							
Screen length: 20 feet Screen diameter: 4 inches Type of screen: DVC							
Screen slot size: 1008 inches Setting depth: From 100 feet to 120 feet							
Type of completion (circle all applicable): Gravel packed   Underreamed   Open hole   Natural Development							

\_\_\_feet

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

Other (describe):\_\_

Top of lap pipe or reduction in casing: \_\_\_

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

County:Permit #:			Office Use G (96	-
The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations encu	ully exem <sub>l</sub>	oted by regulation	<u>ons</u>
Ground Level	Description of Formations Encour		From (depth) Ground level	To (depth)
	taps:	<u> </u>	1	90
	540	d	90	آي
-				
		•		
If more than one screen, show location of each on sketch			L	
Sketch the property layout and include the following:  1) the well location  2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid in 4) north arrow	aid in locating the well n locating the property and the well			
Muddy Sprin	105Rd			
	3/1			
X	12 P			
andowner Name: Neal Wilson	4			
HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ f applicable, and state laws.	constructed, and completed in a mental Quality and the Mississipp	ccordance of Departm	e with all appli nent of Health	cable regulations,
Tames M. Wells 00005889 Print Name of Responsible Licensee and License No.	3-19-14 Jan Date	Signature	of Licensee	

## STATE WELL REPORT

## County: Permit #: Driller: James M Date completed: 2.1 Conv information from block on Part 1

## Part 2

## **Pump Installer's Completion Report**

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:				
Well #: 6 190				
Aquifer:				

(601)	360-0535 (fax)					
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	21. 1456 Well Location 70.5909					
Owner Name: Neal Welson	31.1456 Well Location 90.55409 Latitude: 31.08.7411 Longitude: 90.33.457a					
	Method of Lat/Long (check one): Conventional Survey,					
	USGS quad, Hand-held GPS, Survey-grade GPS					
Ponchataula LA 76454 City State Zip Code	SE 14 SW 14, Sec 187 T 2N R 7E					
	(Distance) Miles W of Wagnolia (Direction) (Nearest Town)					
Pump Type (circle one)						
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):						
Date Pump Installed: 2-19-14 Rated Pump Capacity:Gallons Per Minute						
Is This Pump (circle one): (New) Repaired Replacement						
Power Type (circle one)						
Electric Diesel Gasoline Natural Gas Tractor PTO Wind						
Horse Power Rating of Motor: Setting Depth	e: 10 feet Number of Stages: 79					
Pump Test Data for Non Flowing Well						
Date Well Tested: 219-14 Duration of Pump Test (minimum 4 hours): 4 hours						
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): 1/O Feet Below Land Surface						
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute						
Method of measurement (circle one): Seel tape Electric tape Air line Other (describe):						
Pump Test Data for Flowing Well  Measured shut in head:feet.						
Well yieldedGPM with a drawdown of						
Meter Installation						
Meter Manufacturer:						
Meter Model Number/Name: Type of Meter:						
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 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 the best of my knowledge.						
James M. Wells 00005889 3-19-14 James M. wells						

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

Date

Signature of Pump Installer

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