State Well Report					
County: Quitmon		riller's Log	For Office Use Only:		
	Mississippi Department of Environmental Quality		Aquifer: 15		
Permit #: <u>GW - 44912 \</u>		nd Water Resources Box 2309	Well #:		
Driller. Delta Orillingot Tunica	Jacksor	, MS 39225			
Date drilling completed: 9-4-11		961-5210 1-5228 (fax)	L. S. Elevation:		
		` ,	E-log #:		
State Law requires that this repor	t be prepared by the lice	ense holder responsible for	the work and filed with the		
Department at the above address Information on Well C	wunin so aays oj comp Iwner		or borehole.		
(Landowner if borehole is not for		,			
Owner Name Jim Gordon		Latitude: <u>N34 ° 25 ' 178</u>	" Longitude: <u>190° 20 '026"</u>		
Mailing Address: Gordon Lond	Co	Method of Lat/Long (circle or			
1170 Hourgless	^		GPS, Survey-grade GPS		
		SW 14 NW 1/4 Sec 2	V Twn 85 Rng 11W		
Hernondo Me. City Stat	28632 E Zip Code	Distance Direction	Nearest Town		
		7 Miles West	of Sledge Ms.		
Telephone No. ()			, ,		
	Well / Bore	hole Data			
Date drilling started: 9-4-11 Date dri	Iling completed: 9-4-1	Hole depth:	Hole diameter: 24"		
Location of the source of any surface water Method of dosing and volume of Chlorine					
Method of dosing and volume of Chlorine	used in drilling and devel	opment:	incle south		
Logs run (circle all applicable). No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water We	ell Geotechnical/Geolo	gical Investigation Ground	Source Heat Pump		
	urvey Other (describe)		- Tour tump		
If drilling is not related	taveyOther (describe) to water_well construction	, skip the remainder of this blo	ock		
Purpose of Well (check one): Home In					
			Other:		
If a flowing well, method of flow regulation					
Static Water Level: 22 feet abo	ove of below (circle one) la	nd surface Date measured:_	9-4-11		
Method of Measurement (circle one) ste					
Well depth: 105 Well grouted to a dep	th of 10 feet Type of	of grout (circle one): Neat Ceme	ent Bentonite Mix		
Casing length: 65 feet Casing					
Screen length: 40 feet Screen		inches Type of screen:	PUL		
Screen slot size: , 032 inches	8 - F	<u>ως</u> feet to <u>10</u>	<u>feet</u>		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
op of lap pipe or reduction in casing:		scoped or more than one screen	i		

Form: OLWR-SWR-1A (04/08)

The	sketch	helow	only	required ;	for	water	wells
4	24220000	000011	V111	a Address Am		77 1000	77 C 550

If well telescopes	s, show	depths	on	sketch
Ground Leve	1	7		

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)
Clay	Ground Level	32
<u>!</u>		
Clay time sond	33	39
1		
Conse sond grovel	40	95
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clay	90	105
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If more than one screen, show location of each on sketch

aid in locating the	nclude the following: 1) the well location; 2 well; 3) any roads, power lines, or other ite	n) any permanent structures on the property that may ms that may aid in locating the property and the well;
4) a north arrow.	Thouse	
	ot well	
		Huy IIT
Hort 315		
Landowner Name: Jim	Gordon	
Landowner Name.	COLCLOX	T. OV UP CVP 1 CO 100

		j.	
		Form: OLWR-SWR-1A (04/08)	
I certify that the well/borehole was drilled, constructed	l, and completed	in accordance with all applicable requirements of the	
Mississippi Department of Environmental Quality and	the Mississippi	Department of Health regulations, it/applicable, and state	
Chris Shockley # 2501	10-16-11	M. And RECEIVE	9
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee DEC 0 1 201	1
		BA: OTM	R

STATE WELL REPORT

Permit #: GW - 44912 Driller: Delta Date completed: 9-4-11

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 (601)961-5210

For Office Use Only:			
Aquifer:			
Well #:	B47		
Elevation:			

Copy information from block on Part 1	, ,	1-5228 (fax)	Elevation:			
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					
Owner Name: Jim Gordon		Latitude: <u>434° 25.173</u> Longitude: <u>い90° 20.026</u> ′				
Mailing Address: Gordon Lond Co.		Method of Lat/Long (check one): Conventional Survey,				
1170 Hourgless O		USGS quad, Hand-held GPS, Survey-grade GPS				
Herrondo Ms. City State	38632 Zip Code	SW 4 NW 4 Sec 2 T 85 R/1W				
	•		ection Nearest			
Telephone No. ()		7 Miles W	est of Sledg	e, Ms.		
Pump Type Circle one			Power Type Circle one			
Air Lift Jet Sul	bmersible	Diesel Engine	Gasoline Engine	Natural Gas		
Bucket Piston Tur	rbine	Electric Motor	Hand	Tractor PTO		
Centrifugal Rotary Flo	owing Well	Windmill	Other (specify):			
Other (specify):		Horse Power Rating o	of Motor: 100			
Date Pump Installed: 9-4-11		Setting Depth:	60	feet		
Rated Pump Capacity: 3,000 Gall	ons Per Minute	Number of Stages:				
Pump Test Data		Metho	d of Measuring Wate	er Level		
Date Well Tested:			Circle one			
Static Water Level (A):Feet Belo		Air Line Elect	tric Measuring Line	Steel Tape		
Pumping Water Level (B):Feet Below	w Land Surface	Other (specify):				
Drawdown [(B) - (A)]:Feet Belov	w Land Surface	For flowing well, mean	sured shut in head:	feet		
Test Pumping Rate:Galk	ons Per Minute	Well yielded	GPM with	a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	feet	after	hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge List Shockley # 256 (Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer						

DEC 0 1 2011

Perm: DLWR