County:	Quitman			
Permit #:	GW-48837	•		
Driller:	Irrigation Eq	uipment Inc.		
Date drilli	ing completed:	06/09/2015		

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STATE WELL REPORT

Part 1

Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601) 961-5210
(601) 360-0535 (fax)

For	Office Use Only:
Well #:) 43
Aquifer:	
E-Log #:	

State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Rebecca McCreary	Latitude: 34 12' 59.2 N Longitude: 90 09' 26.0 W
Mailing Address: 345 T M Jones Hwy	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Boyle Ms 38730 City State Zip code	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>14</u> T <u>27 N</u> R <u>1 E</u>
City State Zip code Telephone No	3 Miles North of Crowder
	(Distance) (Direction) (Nearest Town)
	ehole Data
Date drilling started: 06/09/2015 Date drilling completed: 0	06/09/2015 Hole depth: 93' Hole diameter: 18"
Location of the source of any surface water used for drilling:	urface Water ,
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gam	ma Ray 🗌 Density 🗎 Sonic 🗎 Neutron 🗎 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotech	nical/Geological Investigation
☐ Seismic Survey ☐ 0	Other (describe)
If drilling is not related to water well con	struction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ P	ublic Supply ⊠ Irrigation □ Fish Culture
Other (describe):	<u> </u>
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 7' feet [☐ above or ☒ below (check one)	w] land surface Date measured: 06/10/2015
Method of Measurement (check one) 🖾 Steel tape 🗌 Electric tap	e Air line Other: (describe)
Well depth: 93' Well grouted to a depth of: 10' feet	Type of grout (check one): ☐ Neat Cement ⊠ Bentonite ☐ Mix
Casing length: 53' feet Casing diameter: 10"	inches Type of casing: PVC
Screen length: 40' feet Screen diameter: 10"	inches Type of screen: PVC
Screen slot size:050 inches Setting depth:	From <u>54' 5 3</u> feet to <u>93'</u> feet
Type of completion (check all applicable): ☐ Gravel packed ☐ U	nderreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than on	e screen, describe on next page

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

		For Office Use	Only:			
o Quitman		Well #: 593	For Office Use Only:			
County: Quitman		Well#: U				
Permit #: GW-48837						
The sketch below only required for water wells		countered must be provided for a cally exempted by regulations	<u>ıll wells</u>			
If well telescopes, show depths on sketch	ana vorenvies, uniess speciți	сацу ехетріва ву гедициюня				
Ground level	Description of Formations E					
Ground level	Clay	Ground level				
	Fine Sand	20	31			
	Fine Sand & Gravel	32	42			
	Medium Sand & Gra	vel 43	79			
	Clay	80	93			
			†			
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			-			
 If more than one screen, show location of each on s	sketch		1			
Sketch the property layout and include the folk 1) the well location	owing:					
ine well location any permanent structures on the prope	erty that may aid in locating the well					
3) any roads, power lines, or other items	that may aid in locating the went that may aid in locating the property and the	he well				
4) a north arrow	,,, ,, ,					
			Secretary of the second			
		2F()	FIVE			
		g 4 house	CALC			
		\$4.7 % ?	0.3 20%			
		4018	EIVE!			
			TAR GAIL			
		RV:	TKA.			
		Home To the second	**			
m.4 46 A						
Landowner Name: Rebecca McCrea	ary					
		Form: OI WR-	SWR-1A (04/0			
I HEREBY CERTIFY that the well/borehole wa	s drilled, constructed, and completed in a	ccordance with all applicable	•			
requirements of the Mississippi Department of	Environmental Quality and the Mississipp	i Department of Health regulat	tions,			
if applicable, and state laws.						
Patrick Chism 0695	06/15/2015					
Print Name of Responsible Licensee and Lice	ense No. Date	Signature of Licensee	NAID 4 A (4/42			

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

County:	Quitman
Permit #:	GW-48837
Driller:	Irrigation Equipment Inc.

Date drilling completed: 06/09/2015 Copy information from block on Part 1

STATE WELL REPORT 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 (601) 360-0535 (fax)

For Office Use Only:			
Well #:	J-13		
Aquifer:			

of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the report must be attached and both parts filed with the Departure of the reporture of the rep			arimeni ai ine ai	pove aaa		artment at the above address within 30 days of well completion. Well Location				
Owner Name: Rebecca N	cCreary	****	Latitude: 3	4 12' 59	.2 N L	ongitude:	90 09' 26.0 W			
Mailing Address: 345 T N	Jones Hwy		Method of La	at/Long (d	check one):	☐ Cor	ventional Survey,			
4-			□ USGS qu	ad, 🛭 H	land-held Gl	PS, 🗆 St	ırvey-grade GPS			
Boyle	Ms	38730		<u>NE</u> ¼	NE 1/4, Sec	14 T 27	<u>N</u> R <u>1E</u>			
City	State	Zip code								
Telephone No. ((Distance)	Miles _	North (Direction)	of _	Crowder (Nearest Town)			
William .		Pump Tvi	e (check one)							
☑ Submersible ☐ Turbine	□ Air Lift □ Cent			eton 🏻 E	Potany □ Ot	har (dasc	riha):			
001					-					
Date Pump Installed 06/ Is This Pump (check one): [ipacity: _	330T/-		_ Gallons Per Minute			
is This Fullip (Check One). L	3 New [] Repair		ne (check one)				*			
☑ Electric ☐ Diesel ☐ Gas	oline □ Natural G	as □ Tractor PTO	☐ Windmill □	Other (d.	escribe).					
Horse Power Rating of Moto				· ·	· -	or of Star	noc: 1			
	····	_ Setting Depth.			icet intilib	ei ui Siag	jes. <u> </u>			
		Pump Test Data 1	or Non Flowing	a Well						
Date Well Tested:					at (minimum	4 hours):	Hours			
Static Water Level (A):										
Drawdown [(B) - (A)]:										
Method of measurement (ch							Gallons Per Williage			
iviethed of measurement (c/	eck one). 🗆 Stee				describe).					
Billion and about to be and	- .	Pump Test Dat	a for Flowing v	veli						
Measured shut in head: _	Fe	et								
Well yielded	GPM with a dra	wdown of	fe	et after		ho	ours of pumping			
No		Meter I	nstallation				RECEIVE			
Meter Manufacturer:	·····		Meter Ser	ial Numb	oer:		A Share was			
Meter Model Number/Name			Type of	Meter: _			<u> </u>			
Totalizer Register Unit and I	Aultiplier Factor (A	AF x .001, gai x 100	00, etc):							
Installation Date:	Met	er installed by:					The Hill			
ls This Meter (check one):] New □ Repaire	ed 🔲 Replacement					* 7 -			
Important: By submitti	-	rmation you are cer l wells, a list of app	** 0			-	cturer standards.			
					7					
I HEREBY CERTIFY that th	e above statemer	nts are true to the b	est of my knowl	edge.		_				
Patrick Chism	0695		06/15	/2015	\mathbb{Z}	∞				
	~~~		vu i J			~				

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