0	STATE	WELL REPORT	478		
County: Kankin	Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309		For Office Use Only:		
Permit #:			Well #: 5 79		
Driller: James M. Wells			Aquifer:		
Date drilling completed: 9-12-19			E-Log #:		
	Jackson, MS 39225-2309 (601)961-5210				
Circle F		1)360-0535 (fax)			
State Law requires that this report Department at the above address w	be prepared by the ithin 30 days of cor	license holder responsible for th	e work and filed with the		
well Owner Informati	on		r borehole. nole Location		
(Landowner if borehole is not for	Latitude: 3209.12 N Long				
Owner Name: Dusty Sim			- 0010 HO		
Mailing Address:		Method of Lat/Long (check one): Conventional Survey			
2056 Junset Kin	dge	USGS quad, Hand-held GP	S, Survey-grade GPS		
Brandon M5	39042	NE 1/4 Sec_2	29 TYN BE		
City State	Zip Code				
Telephone No. ()		Miles of (Direction)	(Nearest Town)		
^ -	Well / Ro	and all B			
Date drilling started: 9-12-19 Date of	drilling completed:	1219 Hole depth: 11 \$	Unio diametria 71/2 11		
Date drilling started: 912:19 Date drilling completed: 912:19 Hole depth: 115 Hole diameter: 716'  Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine	e used to drilling an	d dayslaments Occas La	-41		
Logs run (circle all applicable). No log run	S Floation C	d development: <u>91anup</u>	chiloring		
Logs run (circle all applicable) No log run	D Electric Gamma	a Ray Density Sonic Neutron	Other:		
Purpose of borehole (circle one): Water W					
		al/Geological Investigation Gr	ound Source Heat Pump		
Seismic Survey Other (describe)					
If ariting is not relate	ed to water well con	struction, skip the remainder o	f this block 18		
Purpose of Well (circle all applicable) Ho	ome Industrial	Public Supply Irrigation Fis	h Culture		
Other (describe):			LWR		
f a flowing well, method of flow regulati	on: Valve	Other (describe)			
Static Water Level: 45feet [a	,		9-12-19		
Method of measurement (circle one) Stee	el tage Electric tag	be Airline Other (describe):			
Well depth: 110 Well grouted to a de	epth of: 16 fee	t Type of grout (circle one). No	eat Coment) Pontarita		
Well depth: 10 Well grouted to a depth of: 16 feet Type of grout (circle one: Neat Cement) Bentonite Mix asing length: 90 feet Casing diameter: 4 inches Type of casing: 000					
creen length:					
reen slot size: .008 inches Setting depth: From 90 feet to 110 feet					

Type of completion (circle all applicable) Gravel packed Underreamed

\_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)

Natural Development

Open hole

County: Rankin  Permit #:			r Office Use	
The sketch below only required for water wells	Description of formations en	countered	must be provide	ed for all wells
If well telescopes, show depths on sketch.	and boreholes, unless specifi	ically exem	pted by regulati	<u>ons</u>
Ground Level	Description of Formations Enco	untered	From (depth) Ground level	To (depth)
Ground Levet	top	501	Ground level	
	Clay a r	SAC		20
		7	20	40
	Clay	sand	100	110
			100	110
			1	
			-	
		<u> </u>		
If more than one screen, show location of each on sketch  Sketch the property layout and include the following:  1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the we	xwell		
			DEO	
			REC	EIVED
	1		DEC	1 8 2019
			226	1 8 2019
			BYO	11111
				LVVR
Landowner Name: Dusty Sims				
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environificable, and state laws.	I, constructed, and completed in the Mississ	n accordan sippi Depar	ice with all app tment of Healt	licable h regulations,
	12119		~ . /	•
Print Name of Responsible Licensee and License No.	10.11-19 \(\text{Date}\)	Signatu	re of Licensee	<u></u>
Time name of Responsible Electises and Electise No.		215/1460	Form: OLW	R-SWR-1A (4/1

## STATE WELL REPORT

## Rankin County: Driller: James M. Wells Date completed: 9-12-19 Copy 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 (601) 360-0535 (fax)

For Office Use Only:	
Well #:	
Aquifer:	

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the	er well contractor or a licensed pump installer. A copy of Part I  Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Dusty 5ims	Latitude: 33° 9. 13 N Longitude: 89° 48. 44,47"				
Halling Eddgares	Method of Lat/Long (check one): Conventional Survey				
2056 Junset Ridge	USGS quad, Hand-held GPS, Survey-grade GPS				
Brandon MS 39042.  City State Zip Code	NE 1/SW 1/4, Sec 29 T 4N R SE				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Ty	ype (circle one)				
	Jet Piston Rotary Other (describe):				
Date Pump Installed: 9-12-19 Rated Pump Capacity: 12 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replacement					
Power Type (circle one)					
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
Horse Power Rating of Motor: Setting Dep	oth: 100feet Number of Stages:				
Date Well Tested: 9-12-19 Duration of Pump Test (minimum 4 hours): 4 hours  Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface  Drawdown [(B) - (A)]: 55 Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute  Method of measurement (circle one) Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well					
Measured shut in head:feet.	RECEIVED				
Well yieldedGPM with a drawdown of	feet afterhours of pumping 2019				
Meter	r Installation BY OT WR				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	al x 1000, etc):				
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replacem	nent				
Important: By submitting the above information you are For agricultural wells, a list of a	certifying that this meter was installed to manufacturer standards. pproved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to t	the best of my knowledge.				

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

Signature of Pump Installer