Well or Borehole Location Latitude: 32 " 50' 33,20" Longitude: 90" 56' 32.16"

County Sharkey
County Sharkey Permit #. GW-46468
Driller Clarence Mc Musy
Date drilling completed: 11-7-12

Well Owner Information 5.46#/

## 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 39225-7309 (601)961-5210 (601)360-0535 (fax)

For Office Use Only: Well #: E 78
Aquifer:
C-Log #:

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 burehole. # 1713 Well Owner Intermetion (Candowner If borehole is not for a water well)

Mailing Address: 4424 Canding Huy Method of Lat/Long (check une): Conventional Survey,	
115GS quad, Hand-held GPS, Survey-grade GPS	
Denmark 30 29042 NW 1/2 5W 14, Sec 31 T 12N R 07W	
City State Zip Code 5 Miles 5W of Rolling, Fork	
Telephone No. (612) 347-8090 (Distance) (Direction) (Nearest Town)	
Well / Borehole Data	
Date drilling started: 1/-7-12 Date drilling completed: 1/-7-12 Hole depth: 130 Hole diameter: 26"	
Location of the source of any surface water used for drilling: Nearby well	
Method of dosing and volume of Chlorine used in drilling and development:	
Logs run (circle all applicable): No log run Electric Garnma Ray Density Sonic Neutron Other:	
Name of organization running (og(s):	
Purpose of borehole (circle one):-Water Well> Geotechnical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (describe)	
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 Industrial Public Supply Industrial Public Supply	
Other (describe):	
If a flowing well, method of flow regulation: Valve Other (describe)	
Static Water Level: 7 feet [above or below] and surface Date measured: 5-25-13 (circle off)	
Method of measurement (circle one): Steel tape   Electric tape   Air line   Other (describe):	
Well depth: 122' Well grouted to a depth of: 10 feet Type of grout (circle one): Next Come() Bentonite Mix	
Casing length: 82 feet Casing diameter: 16 inches Type of casing: PVC	
Screen length: 40 feet Screen diameter: 16 Inches Type of screen: PVC	
Screen slot size: 1050 inches Setting dcpth: From 82 feet to 122 feet RE	KEN/EN
Type of completion (circle all applicable): Gravel packets Underreamed Open hole Natural Development	V La V
Other (describe);	<b>03</b> 2013
Top of lap pipe or reduction in casing: w/the feet	OLWA
If telescoped or more than una screen, describe on next page  Form: OLWR-SWR-1A (4/	

County: Shankey Permit #: GU)-46468	Fe	or Office Use	Only:
Permit #: 1505-16460		E78	
The sketch below only required for water wells	Description of formations and		
If well telescopes, show depths on sketch.	Description of formations encountered and boreholes, unless spacifically exem	must be provide wied by revulati	<u>id for all we</u> ons
Ground Level	Description of Formations Encountered	From (depth)	To (depth
	<u> </u>	Ground level	37
	Fine Sand	3.7	49
	Medium and pea SLAVE	49	61
	Meaturn Course Sand 8	61	
	Eine Sand pea GRAVEL		7,2
1	Modium Kourse Sand : peagran	72	74
	Course Sume! pea shoel		8/_
	Modium Course Sand 5 stave	82	<u> 703                                    </u>
	Clay & GRAVER		118
	Course Seme & GLAVER	118	_(20
		130	/35
		1	
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Tomas at			·
If more than one sereea, show location of each on sketch		·	
iketch 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 to La locating the property and the well	Ming Fork	1
T / <b>Y</b>		Huly	
E-1.73 mult			
×		-AEC	
^	in Bayon kd /2	I TAYO	No. EF
, i	i les	JUN 0	3 2013
			_
ndowner Name: JWB, MS	/n.w.	BY: (	) WE
	To Cony		
EREBY CERTIFY that the well/borehole was drilled, autrements of the Mississippi Department of Environment of En	constructed, and completed in accordance a mental Quality and the Mississippi Departme	with all applicab nt of Health reg	ole gulations,
nt Name of Responsible Licensce and License No	Date Clayton	mille	<b>ا</b>
	31ghature o	Licensee	
		form: OLWR-SW	R-1A (4/17

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## Part 2

(601) 360-0535 (fax)

County: Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Date completed: Jackson, MS 39225-2309 (601)961-5210 Copy Information from block on Part 1

For (	Office Use Only:
Well #	_E78
Aquifer	

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 Location Well Owner Information JWB Latitude: 32° 50' 33. Zun Longitude: 90° 56' 37. 16" W Owner Name: ... Mailing Address: 4484 Method of Lat/Long (check one); Conventional Survey\_ USGS guad\_\_\_\_\_, Hand-held GPS\_\_\_\_\_, Survey-grade GPS\_ NW 1/2 5W 1/2 Sec 31 T 12N 5w of Rolling Folk \_Miles . 347-8090 Pump Type (circle one) Submersible Turbing Air Lift Centrifugal Flowing Well Jot Piston Rotary Other (describe): ..... Date Pump Installed: 5-25-13 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 Windmill Other (describe): Grand Miller Setting Depth: feet Number of Stages: \_ Horse Power Rating of Motor: \_ Pump Test Data for Non Flowing Well Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_ hours \_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_/A Feet Below Land Surface Static Water Level (A): \_\_ N/A Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_\_\_ Gallons Per Minute Drawdown [(B) - (A)]: \_\_\_\_\_ Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_ Pump Test Data for Flowing Well NA Measured shut in head: \_\_\_\_\_ feet. hours of pumping Well yielded. GPM with a drawdown of \_ fect after\_ Meter Installation \_\_\_\_\_ Meter Serial Number: \_\_\_ 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 slundards. For agricultural wells, a list of approved meters is on the MDEQ website.

Print Name of Pump Installer and License No. (If applicable)  Date  Signature of Pump Installer  Form Olive Sweet III (4(1))	I HEREBY CERTIFY that the above statements are true to the	best of my know	vledge.		
Print Name of Pump Installer and License No. (If applicable)  Date  Signature of Pump Installer	of I will		10 -	M ROET	EN/EF
Print Name of Pump Installer and License No. (If applicable)  Date  Signature of Pump Installer	6 PAISTON Miller 0-703	5:3/-23	Maylon	-and	
	Print Name of Pump Installer and License No. (If applicable)	Date	Signature of Pum	p Installer	4.

Form: OLWR-SWR-1947K/3 3 2013