	STATE	WELL REPORT			
country Simpson		Part 1	For Office Use Only:		
Permit #:		riller's Log	Well #: 155		
Driller: James Rondshaw		ment of Environmental Quality nd and Water Resources	Aquifer:		
	F	P.O. Box 2309	E-Log #:		
ate drilling completed: 7-79-76 Jackson, MS 39225-2309 (601)961-5210					
	`	1)360-0535 (fax)			
State Law requires that this report Department at the above address w	be prepared by the ithin 30 days of co	license holder responsible for t npletion of drilling of the well o	he work and filed with the or borehole.		
Well Owner Information		Well or Borehole Location			
(Landowner if borehole is not for a water well)		Latitude: 3/ 30' え3" Lor	ngitude: <u>8~~~~~~~</u>		
Owner Name: Stergis Cock	Owner Name: Stergis Cockrell		Method of Lat/Long (check one): Conventional Survey,		
Mailing Address: 36 DICK C	Jekh Kd	USGS quad, Hand-held GPS, Survey-grade GPS			
Mayee MS City State	39/11		STICN RISU		
· ·			Magee MS		
Telephone No. (601) 946-10	143	(Distance) (Direction)	(Nearest Town)		
	Well / B	orehole Data			
Date drilling started: $7-18-16$ Date	drilling completed:	7-19-16 Hole depth: 140	$\frac{2}{6}$ Hole diameter: $\frac{6}{6}$		
Location of the source of any surface v	vater used for drilli	ng: <u>City</u> Wafer			
Method of dosing and volume of Chlori			1		
Logs run (circle all applicable) No log r	4		on Other:		
Name of organization running log(s): _	NA				
Purpose of borehole (circle one) Water	Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump		
		(describe)			
If drilling is not rel	ated to water well c	onstruction, skip the remainde	r 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 regul	ation: Valve	Other (describe)			
Static Water Level: 86′ fee	[above or below	land surface Date measure	d: 7-20-16		
Method of measurement (circle one):	steel tape Electric	tape Air line Other (describe)	:		
Well depth: 135 Well grouted to a	depth of: /O	feet Type of grout (circle one)	Neat Cement Bentonite Mix		
Casing length: //5feet C	asing diameter:	4" inches Type of	casing: \mathcal{PVC}		
Screen length: 20 feet			The state of the s		
Screen slot size: $\frac{H8}{}$ inches	Setting depth	: Fromfeet_t	o <u>/35</u> feet		
Type of completion (circle all applicab	e): Gravel packed	Underreamed Open hole	Natural Development Receiv		
Other (describe):			I I C C C I Y		

feet

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

Top of lap pipe or reduction in casing: \mathcal{N}/\mathcal{L}

Other (describe):_

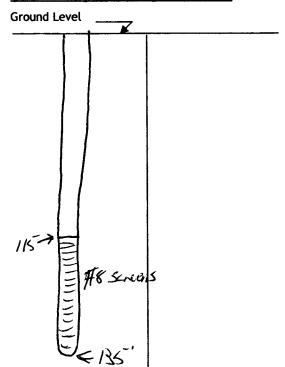
Form: OLVBWROLWR

County: Simpson
P mit #:

Fo	Office Use Only:	
Well #: _	455	

The sketch below only required for water wells

If well telescopes, show depths on sketch.



<u>Description of formations encountered must be provided for all wells</u> and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)	
Red Sorry Clay	Ground level	10'	
light Gray Clay	10	31'	
Fine-med Sand	3/'	60'	
Course Squel	60'	80'	
Par Granel - Course sund	80'	95'	
Course Sand - Pea Gravel	95'	120'	
Fine Sgnal	120'	1401	
		<u> </u>	
			
			
	 		
	l	L	

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 aid in locating the well

3) any roads, power lines, or other items that may aid in locating the property and the well

4) north arrow

Received

JUL 27 2016

Landowner Name: Stergis Cocknell

By OLWR

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No.

Signature of Licensee

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

STATE V	VELL REPORT	
County: SIMPSON	Part 2	For Office Use Only:
Permit #: Pump Install Mississippi Depart	er's Completion Report ment of Environmental Quality	Well #: P55
Office of La	and Water Resources	Well #:
lacks	P.O. Box 2309 on, MS 39225-2309	Aquifer:
copy information from block on Part 1	601)961-5210	
) 360-0535 (fax)	
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the I	r well contractor or a licensed pun Department at the above address w	op installer. A copy of Part 1 ithin 30 days of well completion
well Owner Information	Well Lo	ocation
Owner Name: Sterais Cakhell	Latitude: 3/ So 23" Long	gitude: <u>89° 50′ 42</u> ″
Mailing Address: 36 Dick Welch Rd	Method of Lat/Long (check one)	ł
	USGS quad, Hand-held GP	
Mayee MS 39/1/ City State Zip Code		T R
City J State Zip Code	Atilos /	Mirror M
Telephone No. (601) 94/6-104/5	S Miles (Direction) of	(Nearest Town)
Pump Tyr	oe (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	•	crihe):
	Rated Pump Capacity:	
Is This Pump (circle one): New Repaired Replacemer		- Jakons Fer Mindee
	pe (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Wine	dmill Other (describe):	
	h: <u>// O</u> feet Number o	of Stages:
Pump Test Data	for Non Flowing Well	
Date Well Tested: 7-22-/6	Duration of Pump Test (minimu	im 4 hours): hours
Static Water Level (A): 56 Feet Below Land Surface	Pumping Water Level (B):	Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below Land Surf		Gallons Per Minute
Method of measurement (circle one): Steel tape (Electric ta	ta for Flowing Well	
•	ta for 1 towning wett	
Measured shut in head:feet.	fort often	nours of numping
Well yieldedGPM with a drawdown of	reet_arter	louis or pumping
	Installation	
Meter Manufacturer:	Meter Serial Number:	
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:		
. This Mater (circle one): New Repaired Replacement	ent	
	ertifying that this meter was instal proved meters is on the MDEQ w	lled to manufacturer stanaaras. ebsite.
I HEREBY CERTIFY that the above statements are true to the	he best of my knowledge.	Receive
James Bradshaw UNR-7871 Print Name of Pump Installer and License No. (if applicable	P) Date Signa	ture of Pump Installer Form: OLWR-SWR-ZA (4/13/2016
Print Maine of Fump instantes and		1 Orinia Carrier Contract Cont

By OLWR