	State Well Report		For Office Use Only:			
County: Smith	Part 1 − I	Priller's Log				
	Mississippi Departmen	t of Environmental Quality	Aquifer. P62			
Permit #: 0 - 586	Office of Land and Water Resources		Well #:			
Driller JAMES WELLS		Box 2309				
		n, MS 39225 961-5210	L. S. Elevation:			
Date drilling completed: 3-7-11		1- 5228 (fax)				
	` '		E-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 borehole.						
Information on Well (hwner	Well or Bo	rehole Location			
(Landowner if borehole is not fe		21 (6.12	89. 24.07			
		Latitude: 21 ° 50 , 67	" Longitude: <u>89° 34,02</u> "			
Owner Name Gary Ains	MOITH	Method of Lat/Long (circle or	ne). Conventional Survey			
ł <i>J</i>	35	Method of Lav Long (circle of	icj. Conventional Survey,			
Mailing Address: 308 5CR 35 USGS quad, Hand-held		GPS, Survey-grade GPS				
		NNIKNWIK SON 1?	Twn 10N Rng 16W			
Mize Mi	5 39111	1414 74 14 14 300 1 4				
City Sta	te Zip Code	Distance Direction	Nearest Town			
City Sta		Distance Direction 5 Miles 5	of Mize			
Telephone No. ()						
•		<u> </u>				
	Well / Bore		.			
Date drilling started: 3-7-11 Date dr	illing completed: 3-7-	Hole depth 210	Hole diameter: 7 1/2 1/			
Location of the source of any surface water	er used for drilling: <u>CO</u> O	manity.				
Location of the source of any surface water used for drilling: CONMWify Method of dosing and volume of Chlorine used in drilling and development: 5hock						
_			Other			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Name of organization running log(s):						
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Purpose of porenoie (check one): water wen _ Ocolectifican Geological Investigation _ Oronic Source State						
Seismic Survey Other (describe)						
If drilling is not related	l to water well constructio	n, skip the remainder of this bl	ock			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
3-7-11						
Static Water Level: 100 feet above of below (circle one) land surface Date measured: 3-7-11						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: 210 Well grouted to a depth of 15 feet Type of grout (circle one) Neat Cement Bentonite Mix						
Casing length: 180 feet Casing diameter: 4 inches Type of casing: 6 UC						
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC						

Setting depth: From_

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

Other (describe):

_inches

Top of lap pipe or reduction in casing:

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

Natural Development

fect

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



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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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

Description of Formations Encountered	From (deptn)	(depth)
+1050:1	Ground Level	
ं देख	1	140
Ci od	140	210
- sand		
		ļ
	<u> </u>	
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	<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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating 4) a north arrow. SCRIS	on the property that may the property and the well;
Landowner Name: Gary Ainsworth	Form: OLWR-SWR-1A (04/08)

I 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.

JAMES WELLS 0-586

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 10631

Jackson, MS 39289-0631

(601)961-5210

(601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well#:		
Elevetica:		

This report should be prepared by the pump installer in detail and filed with the Department visible 30 days of the installation of pump. Well Localis Well Owner Information Longitude: Latitude: Owner Name: Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS Zip Code Nearest Town Direction Distance Telephone No. (_ Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Jet Air Lift Tractor PTO Hand Electric Motor Turbine Bucket Piston Other (specify): Windmill Rotary Flowing Well Centrifugal Horse Power Rating of Motor: Other (specify): feet Setting Depth: Date Pump Installed: Number of Stages: Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Steel T Electric Measuring Line Air Line Feet Below Land Surface Static Water Level (A): Other (specify): Feet Below Land Surface Pumping Water Level (B):

I HEREBY CERTIFY that the above statements are true to the best of n	my knowledge.	
JAMES WELLS 0-586	ω_{1100}	_
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Well yiclded

Feet Below Land Surface

Gallons Per Minute

hours

Drawdown [(B) - (A)]:

Duration of Pump Test (minimum 4 hours):

Test Pumping Rate:

For flowing well, measured shut in head: _

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GPM with a drawdown of

hours of pumping

APR 18 2011

BY: OLWR