County: Tota
Permit #:
Driller: Janes W. Mason
Date drilling completed: 2-20-14

Owner Name: _5tese

Mailing Address: <u>63</u>५५

Well Owner Information

(Landowner if borehole is not for a water well)

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 #: <u>6387</u>			
Aquifer:			
E-Log #:			

Well or Borehole Location

Latitude: 34°46'10,83 Longitude: 89°46'36.57

Method of Lat/Long (check one): Conventional Survey_

USGS quad_____, Hand-held GPS_____, Survey-grade GPS__

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.

colduster My 38618	NE 1/ NE 1/1, Sec 1 T 45 R 6W				
City State Zip Code					
Telephone No. (101) 383-7659	Miles Miles Mew Griden (Distance) (Nearest Town)				
W-H (D	1.1. D.4.				
	orehole Data				
Date drilling started: अविकास Date drilling completed: अविकास Hole depth: 140 Hole diameter: 6314					
Location of the source of any surface water used for drillir	g:_ ~\A				
Method of dosing and volume of Chlorine used in drilling and development: 5 pp and greater					
Logs run (circle all applicable) No log run Electric Gamm	na Ray Density Sonic Neutron Other:				
Name of organization running log(s): レバタ					
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 Irrigation Fish Culture					
Other (describe):					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 71 feet [above or below] land surface Date measured: 3-30-14					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String lucisht					
Well depth: 140 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 100 feet Casing diameter: 4 inches Type of casing: puc					
Screen length: feet Screen diameter: inches Type of screen:					
Screen slot size: coloinches	From 120 feet to 140 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe): ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Top of lap pipe or reduction in casing:feet					
If telescoped or more than one screen, describe on next page					
	Form: OLWR-SWR-1A (4/13)				

County: 7,27 C		For Office Use	-
Permit #:		Well #: <u>C 387</u>	
The sketch below only required for water wells	Description of formations en		
If well telescopes, show depths on sketch.	and boreholes, unless specific	cally exempted by regulation	<u>ns</u>
Ground Level	Description of Formations Encou		To (depth)
Ground Levet	clay dict	Ground level	18
	white soud	(3	140
			·
			· · -
If more than one screen, show location of each on sketch	11.10 · 1		
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 (Out A line 18	aid in locating the well in locating the property and the well		E
Landowner Name: 5 Heve ferry I HEREBY CERTIFY that the well/borehole was drilled	drives	accordance with all applic	cable
requirements of the Mississippi Department of Enviro if applicable, and state laws.	nmental Quality and the Mississip	opi Department of Health	regulations,
Janes W. Majon 0-620	3-18-14	my wa	
Print Name of Responsible Licensee and License No.	Date 7	Signature of Licensee	

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

STATE WELL REPORT

County: Take		
Permit #:		
Driller: Jan w. Mason		
Date completed: Or OC - 14		
Copy information from block on Part 1		

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

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

For Office Use Only:			
Well #: <u>C .387</u>			
Aquifer:			

(601)	360-0535 (fax)			
This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part 1			
	epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Steve Perry	Latitude: 3년 46 10 83 Longitude: 89 46 36 57			
Mailing Address: 6345 Sylvenere	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code	NE 1/4 NE 1/4, Sec 1 T 45 R6W			
City State Zip Code	13/1 Miles N of New geralen (Distance) (Direction) (Nearest Town)			
Telephone No. (<u>901)</u> 383 - 7659	(Distance) (Direction) (Nearest Town)			
Pump Typ	oe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
And the state of t	lated Pump Capacity: (Callons Per Minute			
Is This Pump (circle one): New Repaired Replacemen				
Power Type (circle one)				
Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: 314 Setting Dept	7			
Pump Test Data for Non Flowing Well				
Date Well Tested: 3-30-14 Duration of Pump Test (minimum 4 hours): 34 hours				
Static Water Level (A): 71 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface				
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric ta	pe Airline Other (describe): 5tring (veight			
Pump Test Data for Flowing Well				
Measured shut in head: with feet.	,			
Well yielded(δ GPM with a drawdown of δ	feet afterhours of pumping			
Meter I	nstallation			
Meter Manufacturer: \(\nabla \seta \)	Meter Serial Number: ゃ (゙゙゙゙゙゙゙゙゙゙゙゙゚゙゙゚゚			
Meter Model Number/Name:	Type of Meter: い (^			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by: ~ (ル				
Is This Meter (circle one): New Repaired Replacement				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Jan W. Mason 0-620 2-20-14 Jan W. Man				

Date

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)