County: Tate
Permit #:
Driller: Jans w. Malon
Date drilling completed: (2-8-14

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)

Aquifer:		ffice Use Only:
E-Log #:	Aquifer:	
	E-Log #:	

Well or Borehole Location

Latitude: 34°44'48,331 Longitude: 89°50'19.51 "W

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.

2- 11 11	Latitude. J 1 17 101001 Longitude. C1 10 1 1000
Owner Name: Box Hemilton	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: 483 Gingerhill rd	USGS quad, Hand-held GPS, Survey-grade GPS
2010	SE 1/2 5W 1/4, Sec 9 T 45 R 6W
City State Zip Code	1/2 Miles NE of gingerhill
Telephone No. (901) 351-7584	(Distance) (Direction) (Nearest Town)
Well / B	Borehole Data
	: 12.8-14 Hole depth: 170' Hole diameter: 63/4
Location of the source of any surface water used for drilli	
Method of dosing and volume of Chlorine used in drilling a	and development: Spp and greater
	ma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump
	(describe)
If drilling is not related to water well o	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: 63 feet [above or (below (circle one)	Moland surface Date measured: 12-8-14
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe): String weight
Well depth: 170 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 160' feet Casing diameter:	inches Type of casing:
Screen length: 15 feet Screen diameter: _	4inches Type of screen:
Screen slot size: OIO inches Setting depth	n: From 160 feet to 170 feet
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development
Other (describe): ^ \A	'AN 0 8 2015
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:		Fo	r Office Use C 390	Only:
The sketch below only required for water wells	Description of formations e	ncountered	must be provide	d for all wells
	and boreholes, unless speci	fically exem	pted by regulation	<u>ons</u>
f well telescopes, show depths on sketch.	Description of Formations Enc	ountered	From (depth)	To (depth)
Ground Level	cicy dirt		Ground level	15
	gravel		15	25
	white clay		9.5	145
	while soud		145	120
f more than one screen, show location of each on sketch				
1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid if 4) north arrow	in locating the property and the w	ell		E
director	House			٤
andowner Name: Ben Hamilton K	Seconstructed and completed	in accordan	ce with all appli	icable - 7
HEREBY CERTIFY that the well/borehole was drilled applicable, and state laws.	, constructed, and completed nmental Quality and the Missis	in accordan	ce with all appli tment of Health	icable
andowner Name: Ben Howitton HEREBY CERTIFY that the well/borehole was drilled, rquirements of the Mississippi Department of Environ	Singer hill, i	in accordan sippi Depart	ce with all applitment of Health	regulations,

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STATE WELL REPORT

County: _	Tote
Driller: _	Jones . W. Mosca
Date comp	oleted: 12-8-14
Come inf	armetica from block on Bort 1

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

For Office Use Only: Well #: 570
Aquifer:

Driller:& Wasc~		nd and Water Resources	
Date completed: 12-8-14		P.O. Box 2309 on, MS 39225-2309	Aquifer:
Copy information from block on Part 1	(6	601)961-5210	
	(601) 360-0535 (fax)	
This part of the report must be completed of the report must be attached and both p	by a licensed water arts filed with the L	r well contractor or a licensed pu Department at the above address	mp installer. A copy of Part 1 within 30 days of well completion.
Well Owner Information		Well I	Location
Owner Name: Ben Hemilton		Latitude: <u>34 44 48, 33 N</u> Lo	
Mailing Address: 483 Gingachi	11 (9.		e): Conventional Survey,
			GPS, Survey-grade GPS
coldusater ms City State	38618		9 T 45 R 6W
		1/2 Miles NE	of gingerhill (Nearest Town)
Telephone No. (901) 351- 758	Ч	(Distance) (Direction)	(Nearest Town)
	Pump Ty	pe (circle one)	
Submersible Turbine Air Lift Centrifu	gal Flowing Well	Jet Piston Rotary Other (d	escribe):
Date Pump Installed: 12-8-14		Rated Pump Capacity:	Gallons Per Minute
Is This Pump (circle one): (New) Repa	aired Replaceme	nt	
	Power Ty	rpe (circle one)	
Electric Diesel Gasoline Natural Gas	Tractor PTO Wir	ndmill Other (describe):	
Horse Power Rating of Motor: $\frac{3/4}{}$	Setting Dep	th:feet Numbe	r of Stages:8
		for Non Flowing Well	
Date Well Tested: 13-8-14	•		mum 4 hours): <u> </u>
Static Water Level (A): 63 Feet			いた Feet Below Land Surface
Drawdown [(B) - (A)]:			(O Gallons Per Minute
Method of measurement (circle one): Ste			
Method of measurement (chete one). See	Pump Test Da	ita for Flowing Well	
Measured shut in head: $\sqrt{}$ feet.	-	•	
Well yieldedGPM with a di	rawdown of Pla	feet after 24	hours of pumping
wett yietueu <u>to</u> Grm with a di			
		Installation	
Meter Manufacturer:			Na Na
meter model number/name.			<u> </u>
Totalizer Register Unit and Multiplier Fa	ctor (AF x .001, ga	l x 1000, etc):	NIA
Installation Date: <u> </u>	Meter installed by:	214	
Is This Meter (circle one): New Rep	aired Replacem	ent	
Important: By submitting the above inj For agricultur	formation you are c al wells, a list of ap	ertifying that this meter was inst proved meters is on the MDEQ 1	alled to manufacture r standards. website.
I HEREBY CERTIFY that the above statem	nents are true to th	ne best of my knowledge.	ANDA
			w. Man.
T W Mala 0562	r)	1-6-15 Java	W. Man - Mar.

				٦ .
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			knowledge. AN AN	015
	Town Weson Or G20 Print Name of Pump Installer and License No. (if applicable)	1-6-15 Date	Signature of Pump Installer	

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