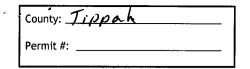
h	STATE WELL DEDODT		
County: Tippah	STATE WELL REPORT Part 1	For Office Use Only:	
Permit #:	Driller's Log	Well #: 579	
Driller: Scott Holcomb	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:	
	P.O. Box 2309	E-Log #:	
Date drilling completed: 6-22-16	Jackson, MS 39225-2309 (601)961-5210		
	(601)360-0535 (fax)		
	be prepared by the license holder responsible for ithin 30 days of completion of drilling of the wel		
Well Owner Informati	on Well or Bo	Well or Borehole Location	
(Landowner if borehole is not for		ongitude: <u>89° /' 35″</u>	
Owner Name: Steve Stub	Method of Lat/Long (check or	-	
Mailing Address:	Hand-beld	GPS, Survey-grade GPS	
4530 B Huy 4 W.		$= 19 \text{ T}_{45} \text{ R}_{3} \text{E}$	
<u>Ripley</u> <u>MS.</u> City State	$\frac{38663}{7in \text{ Code}} = \frac{1}{\sqrt{3}} \frac{1}{\sqrt$		
	Zip Code <u>4</u> Miles <u>west</u>		
Telephone No. (162) 837 - 51	(Distance) (Direction)	(Nearest Town)	
Logs run (<i>circle all applicable</i>). No log ru Name of organization running log(s): Purpose of borehole (<i>circle one</i>): Water Seismi		cron Other: Ground Source Heat Pump	
	~		
Purpose of Well (circle all applicable): 1	Home (Industrial) Public Supply Irrigation	Fish Culture	
-	ation: Valve Other (<i>describe</i>)		
Static Water Level: <u>62</u> feet	[above or below] land surface Date measure (circle one)	ed: <u>6-23-16</u>	
Method of measurement (circle one)	teel tape Electric tape Air line Other (describe	e):	
	depth of: <u>//</u> feet Type of grout (circle one		
	sing diameter: <u>4</u> inches Type of		
Screen length:feet So	creen diameter: $\underline{\mathcal{Y}}$ inches Type of	of screen: <u>PVC</u>	
Screen slot size: <u>, 6 3</u> inches	Setting depth: From <u>255</u> feet	^w - ²³⁵ Reteive	
Type of completion (circle all applicable	e) Gravel packed Underreamed Open hole	e Natural Development	
. ,		JUL 20206	
Top of lap pipe or reduction in casing:		BV OI WA	
If telesco	ped or more than one screen, describe on next p	age - y CLAV	

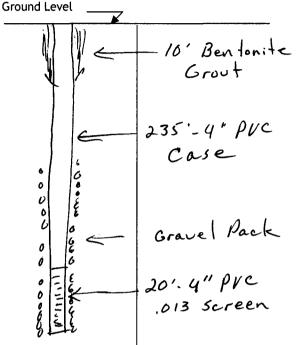
Form: OLWR-SWR-1A (4/13)



F	or Office Use Only:
Well #:	J19

The sketch below only required for water wells

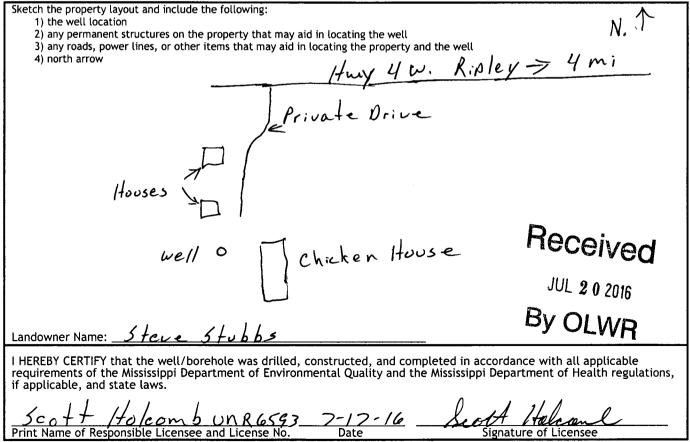
If well telescopes, show depths on sketch.



<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)
TopClay	Ground level	31
Stiff Blk. Clay	31	93
Grey Clat	93	143
Coffee Sand	143	148
Rock	148	152
Black Clay	152	191
shells + Sand Mix	191	210
Sand	210	255
	·····	

If more than one screen, show location of each on sketch



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

· · · STATE WE	LL REPORT				
County: Tippah	art 2	For Office Use Only:			
Petitica.	Completion Report	Well #:			
	t of Environmental Quality and Water Resources	Well #:			
Date completed: $(a \cdot 2 \cdot 2 \cdot 1)(a \cdot 2 \cdot 2 \cdot 1)$ P.O.	Box 2309	Aquifer:			
	Jackson, MS 39225-2309 Aquifer: (601)961-5210				
(601) 3	(601) 360-0535 (fax)				
This part of the report must be completed by a licensed water we of the report must be attached and both parts filed with the Dep	ll contractor or a licensed pur artment at the above address w	np installer. A copy of Part 1 ithin 30 days of well completion.			
Well Owner Information		ocation			
Owner Name: Steve Stubbs La	titude: <u>34°43′4</u> 2´Lon	gitude: <u>89° / 35″</u>			
Mailing Address: M	ethod of Lat/Long (check one	: Conventional Survey,			
4530 B Hurry H W.	USGS quad, Hand-held GPS, Survey-grade GPS				
		TR			
City State Zip Code					
Telephone No. (662) 837-5135 [Distance] UCST of Ripley (Distance) (Direction) (Nearest Town)					
Pump Type					
Submersible Turbine Air Lift Centrifugal Flowing Well Je					
Date Pump Installed: <u>6-23-16</u> Rate	ed Pump Capacity:	Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacement					
Power Type	• •				
Electric Diesel Gasoline Natural Gas Tractor PTO Windm					
Horse Power Rating of Motor: $1\frac{y_2}{2}$ Setting Depth:	<u> </u>	of Stages:/O			
Pump Test Data for	Non Flowing Well				
Date Well Tested: <u>6-23-16</u>	uration of Pump Test (minim	um 4 hours): <u>6</u> hours			
Static Water Level (A): <u>62</u> Feet Below Land Surface	Pumping Water Level (B):	Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surface					
_					
Method of measurement (circle one): Steel tape Electric tape Pump Test Data					
·	or Flowing well				
Measured shut in head:feet	_				
Well yieldedGPM with a drawdown of	feet after	hours of pumping			
Meter Ins					
	allation				
Meter Manufacturer:	_ Meter Serial Number:				
Meter Manufacturer:	Meter Serial Number:				
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x ^	Meter Serial Number: Type of Meter: 000, etc):				
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x ^ Installation Date: Meter installed by:	Meter Serial Number: Type of Meter: 000, etc):				
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x ^ Installation Date: Meter installed by: Is This Meter (<i>circle one</i>): New Repaired Replacement	Meter Serial Number: Type of Meter: 000, etc):				
Meter Manufacturer:	Meter Serial Number: Type of Meter: 000, etc): ying that this meter was instal	led to manufacturer standards.			
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x ^ Installation Date: Meter installed by: Is This Meter (circle one): New Repaired Replacement Important: By submitting the above information you are certing For agricultural wells, a list of appro-	Meter Serial Number: Type of Meter: 000, etc): ying that this meter was install yed meters is on the MDEQ was	lled to manufacturer standards. ebsite.			
Meter Manufacturer:	Meter Serial Number: Type of Meter: 000, etc): ying that this meter was install yed meters is on the MDEQ was	lled to manufacturer standards. ebsite.			
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x ^ Installation Date: Meter installed by: Is This Meter (<i>circle one</i>): New Repaired Replacement <i>Important: By submitting the above information you are certip</i> <i>For agricultural wells, a list of appro</i> I HEREBY CERTIFY that the above statements are true to the b	Meter Serial Number: Type of Meter: 000, etc): ying that this meter was instan yed meters is on the MDEQ was est of my knowledge.	Thed to manufacturer standards. ebsite. Receive			
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x ^ Installation Date: Meter installed by: Is This Meter (<i>circle one</i>): New Repaired Replacement Important: By submitting the above information you are certip For agricultural wells, a list of appro-	Meter Serial Number: Type of Meter: 000, etc): ying that this meter was instan yed meters is on the MDEQ was est of my knowledge.	led to manufacturer standards.			