	STATE	WELL REPORT			
County: Jun. 2A	Part 1 Driller's Log Mississippi Department of Environmental Quality		For Office Use Only		
Permit #: <u>GW 46768</u>			Well #: K (e)		
Driller: 256/			Aquifer:		
Date drilling completed: 4-4-13	Office of Land and Water Resources P.O. Box 2309		· · ·		
the completed	Jackson, MS 39225-2309		E-Log #:		
		(601)961-5210 11)360-0535 (fax)			
State Law requires that this report b Department at the above address wit	e nrenared by the	linamas haldana	a most and Cl. 1 and a		
	till 50 mays by Co	mpletion of drilling of the well o	r borehole.		
Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location			
Owner Name:		Latitude: <u>N74 35 /S</u> Longitude: <u>W90 /9 3</u> \$			
		1			
	Address: 1100 Emsouthe Come		Method of Lat/Long (check one): Conventional Survey,		
Traice Ms. SILIL		USGS quad, Hand-held GPS, Survey-grade GPS			
		<u>4W 4 SE 4, Sec_</u>	2 T 65 R 1/4)		
City State	Zip Code				
Telephone No. ()		(Distance) (Direction) (Nearest Town)			
			(1.02.036.707/1)		
Date drilling started: 4-4-73 Date de	Well / Bo	orehole Data			
Date drilling started: 4-4-73 Date dr	illing completed:	4-4-17 Hole depth: 100	Hole diameter:24		
are source of any surface wat	er used for drillin	8: ground wrotes well	4 mile south		
mediod of dosing and volume of Chlorine	used in drilling ar	d development:			
Logs run (circle all applicable). No log run	Electric Gamm	a Ray Density Conic Nove			
Name of organization running log(s):		a ray beliatey sollic neutron	Other:		
Purpose of borehole (circle one): Water We	3				
		al/Geological Investigation Gr	ound Source Heat Pump		
Seismic S	,	lescribe)	-		
If drilling is not related	to water well con	nstruction, skip the remainder of	this block		
urpose of Well (circle all applicable): Hom	e Industrial	5.111.5			
other (describe):			n Culture		
a flowing well method of flower					
a flowing well, method of flow regulation	i: Valve	Other (describe)			

Static Water Level: 22 _____feet [above or below] land surface Date measured: 4-4-13

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Casing diameter: 16 inches Type of casing: 900

Setting depth: From <u>LO</u> feet to <u>IDO</u>

Open hole

Underreamed

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):_____

Casing length: 60 feet

Screen length: 40 feet

Other (describe):_

Screen slot size: <u>. 03 2</u> inches

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing: _____feet

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

Natural Development 0 6 20 3

Permit #: GW 46768		i	For Office Us	
		Well	#:K60	
The sketch below only required for water wells	Description of	f formations encounte	rad must be made	1.16. 17
If well telescopes, show depths on sketch.	and borehole	s, unless specifically e	xempted by regulat	<u>ea jor all well:</u> tions
Ground Level		Formations Encountered		To (depth)
	<u> </u>	~t	Ground level	20
	coorse s	The smal	21	34
	Course 3	and I grovel	35	100
				·
				
		:		
			 	
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 at 3) any roads, power lines, or other items that may aid in 4) north arrow	id in locating the we locating the proper	ll ty and the well		
/. [□] // ·			-	
4.1				
e har ex			RECEN	g press race
nd.		vell		100
		6	JUN 05 2	013
	<i>Q</i> 1			
Sorah	- fd		BY: OLL	WH
Indowner Name:				
HEREBY CERTIFY that the well/borehole was drilled, concurred the Mississippi Department of Environmapplicable, and state laws.	onstructed, and co ental Quality and	empleted in accordance the Mississippi Depart	ce with all application of Health re	ble gulations,
Shockly 2561	5-15-13	- [(
nt Name of Responsible Licensee and License No.	Date	Signatur	e of Licensee	
			Form: OLWR-SV	VR-1A (4/13)

STATE WELL REPORT

County: Tun. 21 Permit #: GW 46 768 Driller: _250/ Date completed: 4-4-13

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

For Office Use Only:				
Well #:	160			
Aquifer:				

Copy information from block on Part 1	601)961-5210) 360-0535 (fax)				
	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: Will Dur-	Latitude: <u>N 34 35 /5</u> Longitude: <u>1 4 0 19 38</u>				
Mailing Address: 1100 Evansuille Cu.	Method of Lat/Long (check one): Conventional Survey,				
Juniza Ms. 38676	USGS quad, Hand-held GPS, Survey-grade GPS				
	NW 14 SE 14, Sec 2 T 65 R 1/W				
City State Zip Code	6 Miles SE of Tanion				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Typ	oe (circle one)				
	Jet Piston Rotary Other (describe):				
	Rated Pump Capacity: 2500 Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacemer	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win	' ' '				
	1				
Horse Power Rating of Motor: _/DO Setting Dept	h: feet Number of Stages:				
Pump Test Data for Non Flowing Well					
Date Well Tested: Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): 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 tape Air line Other (describe):					
Pump Test Dat	a for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter Installation					
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal					
Installation Date: Meter installed by:					
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.					
A COLUMN TIME CHE ADOVE STATEMENTS ARE THE DESCRIPTION RIOWIEUGE.					
(Shocker 2501 5-15-13 (Shall					
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer				

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