STATE	E WELL REPORT	402'
County: Walthall	Part 1	For Office Use Only:
Permit #:	Driller's Log	Well #:
Driller: James M. Wells Mississippi Depa	rtment of Environmental Quality Land and Water Resources	Aquifer:
Date drilling completed: 8-7-18	P.O. Box 2309	E-Log #:
Jaci	kson, MS 39225-2309 (601)961-5210	L LOG #
(6	601)360-0535 (fax)	
State Law requires that this report be prepared by th Department at the above address within 30 days of c	e license holder responsible for th completion of drilling of the well o	e work and filed with the
Well Owner Information (Landowner if borehole is not for a water well)		nole Location
ALL A	Latitude: 31°8.46N Long	1111 - 90° 2 37W
Owner Name: Nutrecia Thompson	31-08-46	66.01-27
Mailing Address:	Method of Lat/Long (check one)	: Conventional Survey,
69 Les Hammond Rd	USGS quad, Hand-held GP	
City Viertown MS 39667 State Zip Code		13 T 2N RIVE
Telephone No. ()	Miles of of (Distance)	
	(Distance) (Direction)	(Nearest Town)
Seismic Survey Other ( If drilling is not related to water well co	ma Ray Density Sonic Neutron	Other:
urpose of Well (circle all applicable): Home Industrial ther (describe):	ingation is	Culture RECEILS 2010
a flowing well, method of flow regulation: Valve	Other (describe)	
atic Water Level: 100 feet [above or below]	land surface Date measured:	8-7-18
ethod of measurement (circle one) Steel take Electric ta	ape Airline Other (describe).	
en depth: $dd$ Well grouted to a depth of: // fe	et Type of grout (circle on the	
sing tengun. <u>COU</u> reet Casing diameter:	y inches Tupo of saving	
reen length: <u>20</u> feet Screen diameter:		
reen slot size: .008 inches Setting depth:	From 205	
pe of completion (circle all applicable) Gravel packed		- 1
ner (describe):		Natural Development
o of lap pipe or reduction in casing:feet		

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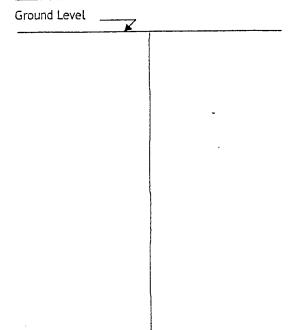
Form: OLWR-SWR-1A (4/13)

County:	Wa	1thal	\
Permit #:			

Fo	or Office Use Only:
Well #:	F131

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
+109501	Ground level	
clay	1	071
Sand	טרו	170 225
·····		
·····		
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Form: OLWR-SWR-1A (4/13)

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

Sketch the property layout and include the following:

<ol> <li>the well location</li> <li>any permanent structures on the propert</li> <li>any roads, power lines, or other items th</li> <li>north arrow</li> </ol>		
		RECEIVED SEP 20208 BY OLWR
		BY OLWK
Landowner Name: <u>Nutrecia</u>	Thompson	
I HEREBY CERTIFY that the well/borehole v requirements of the Mississippi Departmen if applicable, and state laws.	was drilled, constructed, and completed t of Environmental Quality and the Missi	in accordance with all applicable ssippi Department of Health regulations,
Tames IM. Wells 00005		Signature of Licensee

	STATE WELL REPORT	
County: Walthall	Part 2	For Office Use Only
i Permir #:	Yump Installer's Completion Report ssissippi Department of Environmental Qualit	
Driller: Dames M. Wells	Office of Land and Water Resources	у weit <i>н</i> . <u>гог</u>
Date completed: 8-7-18	P.O. Box 2309 Jackson, MS 39225-2309	Aquifer:
Copy information from block on Part 1	(601)961-5210 (601) 360-0535 (fax)	
This part of the report must be completed by of the report must be attached and both part Well Owner Information	a licensed water well contractor or a licensed ts filed with the Department at the above addre	pump installer. A copy of Part I ss within 30 days of well complet Il Location
Owner Name: Nutrecia Thor		Longitude: 20° 2. 37 4
Mailing Address:	-	one): Conventional Survey
69 Les Hammond		d GPS, Survey-grade GPS
		CI3 TRN RILE
Tylertown MS City State		
Telephone No. ()	(Distance) (Direction	of(Nearest Town)
	Pump Type (circle one)	
Submersible Turbine Air Lift Centrifugal	l Flowing Well Jet Piston Rotary Other	(describe):
Date Pump Installed: 8-7-18	Rated Pump Capacity:/	Gallons Per Mi
Is This Pump (circle one): New Repair		
	Power Type (circle one)	
	Tractor PTO Windmill Other (describe):	
Horse Power Rating of Motor:	Setting Depth:feet Num	ber of Stages: <u>7</u> 4
Y P	ump Test Data for Non Flowing Well	. 1
Date Well Tested: 8-7-18	Duration of Pump Test (mi	nimum 4 hours):h
Static Water Level (A): 100 Feet Be	low Land Surface Pumping Water Level (B	): <u>140</u> Feet Below Land Sur
Drawdown [(B) - (A)]:Fee	et Below Land Surface Test Pumping Rate:	Gallons Per Mir
	tapy Electric tape Air line Other (describ	
	Pump Test Data for Flowing Well	
Measured shut in head:feet.		× 7
Well yielded GPM with a draw	vdown of feet after	hours of pumping
	Meter Installation	
Meter Manufacturer:	Meter Serial Number:	SEP 20 2018
Meter Model Number/Name:	Type of Meter:	ov o LV
Totalizer Register Unit and Multiplier Factor	or (AF x .001, gal x 1000, etc):	C) *
-	ter installed by:	
Is This Meter (circle one): New Repair		
		istallad to manufactures standar
Important: by submitting the above infor For agricultural	mation you are certifying that this meter was in wells, a list of approved meters is on the MDE	2 website.
I HEREBY CERTIFY that the above statemen	nts are true to the best of my knowledge.	
James M. Wells 000058		ere m. walk

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