	STATE WELL REPO	RT		
County: Walthall	Part 1	For Office Use Only:		
Permit #:	Driller's Log Mississippi Department of Environment	Well #:		
Driller: James M. Wells	Office of Land and Water Resour	ces Aquifer:		
Date drilling completed: 1-10-15	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:		
	(601)961-5210 (601)360-0535 (fax)			
State Law requires that this report a Department at the above address w	be prepared by the license holder respon of thin 30 days of completion of drilling o	tsible for the work and filed with the		
Well Owner Informati (Landowner if borehole is not for	on huw	Il or Borehole Location 3:3		
Owner Name: Vernon Ver	21967	905 Longitude: 090° 14,534		
		(check one): Conventional Survey,		
Mailing Address:		1		
	Kd. (USUS quad, Ha	nd-held GPS, Survey-grade GPS		
City State				
Telephone No. ()	(Distance)	W of <u>Tylertown</u> (Nearest Town)		
	(Distance) (Di	(Nearest Town)		
Date drilling started: 11.10.15	Well / Borehole Data			
Date drilling started: <u>11-10-15</u> Date d	Hole dep	th: 180_Hole diameter: 1/2 /		
Location of the source of any surface wa	iter used for drilling: <u>funning</u> (	reelC		
Method of dosing and volume of Chlorine	e used in drilling and development:	ranule chlorine		
Logs run (circle all applicable): No log run	Electric Gamma Ray Density Sonic	Neutron Other:		
Name of organization running log(s):				
Purpose of borehole (circle one): Water W	Geotechnical/Geological Investiga	tion Ground Source Heat Pump		
Seismic		and the second		
If drilling is not relate	ed to water well construction, skip the re	mainder of this block		
Purpose of Well (circle all applicable):	Industrial Public Supply Irrig	ation Fish Culture JAN 04 2016		
Other (describe):				
If a flowing well, method of flow regulati	on: Valve Other (describe			
Static Water Level: <b>((_)</b> feet [a	bove or below land surface Date n	neasured: <u>11-10-15</u>		
Method of measurement (circle one): Stee	el tape Electric tape Air line Other (a	lescribe).		
Well depth: 180 Well grouted to a de	pth of: $10$ feet Type of grout (circ	the one) Neat Coment		
Casing length: 160_feet Casin		ype of casing:		
	4			
creen slot size: <u>DD8</u> inches		fype of screen:		
ype of completion (circle all applicable):				
	Underreamed Ope	n hole Natural Development		
op of lap pipe or reduction in casing:				

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

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

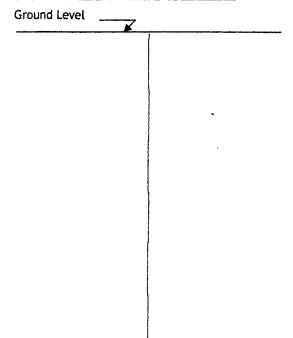
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County: _	Walthall
Permit #:	

F	or Office Use Only:
Well #:	H158

The sketch below only required for water wells

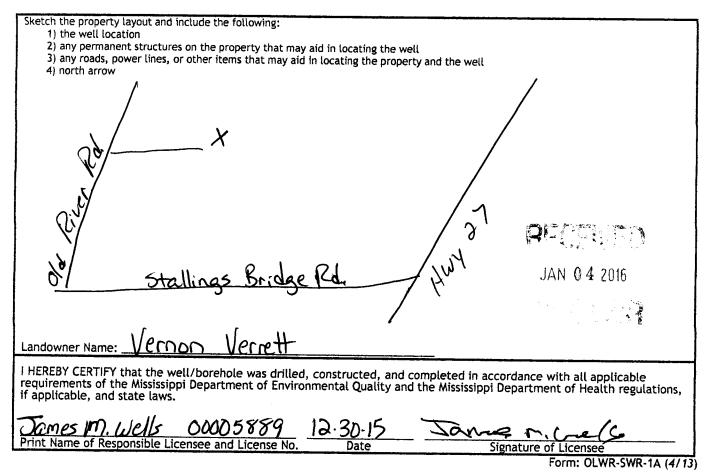
## If well telescopes, show depths on sketch.



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

topso: 1 Ground level 125 Sand 125 180	Description of Formations Encountered	From (depth)	To (depth)
<u>Elay</u> 1 125 <u>5ana</u> 125 180	topso; 1	Ground level	1
	- clar		125
	Sand	125	180
	· · · · ·		

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



	STATE WELL REPORT			
County: Walthaul	Part 2	For Office Use Only:		
Permit #:	Pump Installer's Completion Report	Well #: 11155		
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources	Well #:		
Date completed: 11-10-15	P.O. Box 2309	Aquifer:		
Copy information from block on Part 1	Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)			
This part of the report must be complete of the report must be attached and both	d by a licensed water well contractor or a licensed pur purts filed with the Department at the above address w	np installer. A copy of Part 1 vithin 30 days of well completion.		
Well Owner Informati	on Well L	ocation		
Owner Name: Veropo Ver	1	ngitude: <u>898°14.534</u>		
Mailing Address:		): Conventional Survey,		
308 Old River R	USGS quad, Hand-held G	PS, Survey-grade GPS		
Tylectown MS State	<u>39667</u> <u>¼</u> <u>4, Sec</u>	7 T/N R 10E		
City 7 State	Zip Code 15 Miles 5W or	F_Tylertown (Nearest Town)		
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
	Pump Type (circle one)			
Submersible Turbine Air Lift Centrif	ugal Flowing Well Jet Piston Rotary Other (de	scribe):		
Date Pump Installed: 11-10-15 Rated Pump Capacity: 12 Gallons Per Minute				
Is This Pump (circle one): New Re	فترجل يشتهم والانتجاز المحاد المتراجل فالتراج والمحاد والمحاد والمحاد والمحاد والمحاد والمحاد والمحاد والمحاد			
	Power Type (circle one)			
Electric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other (describe):			
Horse Power Rating of Motor:	Setting Depth: <u>OO</u> feet Number	of Stages: <u>7</u>		
	Pump Test Data for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minin	num 4 hours): hours		
Static Water Level (A): 60 Fee	t Below Land Surface Pumping Water Level (B):	100 Feet Below Land Surface		
	Feet Below Land Surface Test Pumping Rate:			
	eel tape Electric tape Air line Other (describe):			
	Pump Test Data for Flowing Well			
Measured shut in head:feet				
Well yieldedGPM with a d	irawdown of feet after	hours of pumping		
Meter Installation				
Meter Manufacturer:	Meter Serial Number:			
Mater Model Number/Names		<del>ile</del>		
	Type of Meter:	JAN 04 2015		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
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.				
Tames M. Wells 00005889 12:30:15 James M. Wells Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date Signature of Pump Installer				
Print Name of Pump Installer and Licen	se No. (If applicable) Date Signa	ture of Pump Installer		
Little ratio of tomp instatter and Election		Form: OLWR SWR 18 (4)		

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