| | STATE V | ELL REPORT | | | | |
|---|-------------------------------------|---|------------------------------|--|--|--|
| county: Walthall | | Part 1 | For Office Use Only: | | | |
| Permit #: | | iller's Log | Well #: <u>58 9</u> | | | |
| priller: James M. Wells | Office of Land | ent of Enviro limentat Quality d and Water <u>Resources</u> | Aquifer: | | | |
| Date drilling completed: 10-9-15 | P.O. Box 2309 DEC 0 3 2015 E-Log #: | | | | | |
| bate of ming completed. | (60 |)1)961-521日天 F [集] | <u> </u> | | | |
| (601)360-0535 (fax) L L L L L | | | | | | |
| 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. | | | | | | |
| Well Owner Information (Landowner if borehole is not for a water well) | | | ehole Location 7015 /9 | | | |
| | | Latitude: 31°07. 103 Lo | ngitude: <u>90° 15. 3 39</u> | | | |
| Owner Name: Gill Marble & Granife Mailing Address: | | Method of Lat/Long (check one): Conventional Survey, | | | | |
| 20 Bay 37/2 | | USGS quad, Hand-held GPS, Survey-grade GPS | | | | |
| Watson LA 70786 SE 1/4 SW 1/4, Sec 24 TON RY | | | | | | |
| City State Zip Code 4 Miles W of Tylertown | | | | | | |
| Telephone No. 225) 664 - 18 | 12 | (Distance) (Direction) | (Nearest Town) | | | |
| Well / Borehole Data | | | | | | |
| Date drilling started: 10-9-15 Date drilling completed: 10-9-15 Hole depth: 140 Hole diameter: 7'3" | | | | | | |
| Location of the source of any surface water used for drilling: CLODING Creek | | | | | | |
| Method of dosing and volume of Chlorine used in drilling and development: granule chlorine | | | | | | |
| Logs run (circle all applicable): No tog run Electric Gamma Ray Density Sonic Neutron Other: | | | | | | |
| Name of organization running log(s): | | | | | | |
| Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump | | | | | | |
| Seismic Survey Other (describe) | | | | | | |
| If drilling is not related to water well 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:feet [above of below] land surface Date measured: | | | | | | |
| Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): | | | | | | |
| Well depth: 140 Well grouted to a depth of: 16 feet Type of grout (circle one): Meat Cement Bentonite Mix | | | | | | |
| Casing length: 120 feet Casing diameter:inches Type of casing:DVC | | | | | | |
| Screen length: 20 feet Screen diameter:inches Type of screen: | | | | | | |
| Screen slot size: 1008 inches Setting depth: From 120 feet to 140 feet | | | | | | |
| Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development | | | | | | |
| Other (describe): | | | | | | |
| Top of the pipe or reduction in essing. | 44 | | | | | |

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

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

| County: Walthalf Permit #: | For Office Use Only: Well #: 587 | | | | |
|--|---|---------------------------------------|-------------------------------------|-------------------------|--|
| The sketch below only required for water wells If well telescopes, show depths on sketch. | Description of formations enc and boreholes, unless specific | ountered (ally exem) | must be provide oted by regulati | ed for all wells ons | |
| | Description of Formations Encou | ntered | From (depth) | To (depth) | |
| Ground Level | 10 | 2501 | Ground level | <u> </u> | |
| | | clay. | 1 | 60 | |
| | Sin | d' | 60 | 140 | |
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| 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 a 3) any roads, power lines, or other items that may aid in 4) north arrow | id in locating the well locating the property and the well | | RE(| EVED 0 3 2015 | |
| | | | | | |
| | | | A. S. C. | Mint. | |
| Old Huy | Hwy 48 | 7 | | ~ | |
| Landowner Name: Gill Marble & Gi | | M | | | |
| HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws. | | | | | |
| James M. Wells 00005889 | 11-29-15 Jan | 1 p | · creco | | |
| Print Name of Responsible Licensee and License No. | Date | Signature | of Licensee | -SWR-1A (4/13 | |

STATE WELL REPORT Part 2 County: Waithall For Office Use Only: Pump Installer's Completion Report Permit #: _ Mississippi Department of Environmental Quality Driller: <u>Onnes</u> M. Office of Land and Water Resources P.O. Box 2309 Date completed: Jackson, MS 39225-2309 Aquifer: (601)961-5210 Copy information from block on Part 1 (601) 360-0535 (fax) 💵 😘 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Latitude: 31°07.103 Longitude: 90°15. Owner Name: (9) Method of Lat/Long (check one): Conventional Survey___ Mailing Address: USGS quad_____, Hand-held GPS_____, Survey-grade GPS Telephone No. (235) 664-1812 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: ___10-9-Is This Pump (circle one): (New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Setting Depth: feet Number of Stages: **Pump Test Data for Non Flowing Well** Date Well Tested: 10-9 Duration of Pump Test (minimum 4 hours): 30 Feet Below Land Surface Pumping Water Level (B): Static Water Level (A): ___ ____ Feet Below Land Surface Test Pumping Rate: 17 Gallons Per Minute Drawdown [(B) - (A)]: ____ Feet Below Land Surface Method of measurement (circle one) Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____feet. ____GPM with a drawdown of ___ Well yielded _ __ feet after ___ _hours 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 x 1000, etc):_____ Installation Date: _____ Meter installed by: _____ Is This Meter (circle one): New Repaired Replacement

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (If applicable)

Date

Signature of Pump Installer

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.

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