COTE A TI	re well bedoor				
County: Walthal	TE WELL REPORT Part 1	For Office Use Only:			
	Driller's Log	Well #:			
Permit #: Mississippi De	epartment of Environmental Quality of Land and Water Resources	Aquifer:			
Dritter.	P.O. Box 2309	E-Log #:			
Date drilling completed: 6-9-14	Jackson, MS 39225-2309 (601)961-5210				
(601)360-0535 (fax)					
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)		hole Location			
Owner Name: Glen Elsensohn	Latitude: 3104.336 Lor	Latitude: 31°04.336 Longitude: 089° 51.975			
Owner Name: SIEN Election	AC Method of Lat/Long (check one): Conventional Survey,			
Mailing Address:	USGS quad, Hand-held G	DC Suprovegrado GDS			
52 Preston Stogner Rd.					
Sardy Hook M5 City State Zip Co	NW 14 NW 14, Sec 1 T IN R 3E				
	Miles De o	(Negrest Town)			
Telephone No. (504) 628 - 2502	(Distance) (Direction)	(Nearest Town)			
Date drilling started: 6-9-14 Date drilling completed: 69-14 Hole depth: 30 Hole diameter: 76' Location of the source of any surface water used for drilling: Funing Creek Method of dosing and volume of Chlorine used in drilling and development: 97ande 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 Well) Geot	Purpose of borehole (circle one: Water Well) Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey O	ther (describe)				
If drilling is not related to water w	vell construction, skip the remainder	of this block			
Purpose of Well (circle all applicable): Home indus	trial Public Supply Irrigation I	Fish Culture			
Other (describe):					
If a flowing well, method of flow regulation: Valve _	Other (describe)				
Static Water Level: 70feet [above or below] land surface Date measured: 6-9-14					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Well depth: 130 Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix					
Casing length: 10 feet Casing diameter: 1 inches Type of casing: DVC					
Screen length: October 1 Screen diameter:					
Screen slot size: 100% inches Setting depth: From 110 feet to 130 feet					
Type of completion (circle all applicable): Gravel pack	_	Natural Development			
Other (describe):					

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

Top of lap pipe or reduction in casing: _____feet

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

Permit #:		Į.	r Office Use	Only:
The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
If well telescopes, show depths on sketch.	Description of Formations Enco	untered	From (depth)	To (depth)
Ground Level	tops	50:1	Ground level	
		ay	95	95
	Sac	10		130
		·		
				
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 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the wel	u		
water tank 16	2			
	<u> </u>		7	
Hwy 48			Q CAN	
	_		/\&	
			z'/	
			+/3	re Co.
			, 4.	E,
				18
andowner Name: Glen Elsensoh	\sim			7
HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Enviro f applicable, and state laws.	. constructed, and completed in	accordan ppi Depar	ce with all a of tment of Health	regulations,
Tomas un vialla AMARSSO	7-11/-14		رمال مال	. 1 7 2016
Print Name of Responsible Licensee and License No.	7-14-14 Jan	Signatu	re of Licerse	THAI
The Court of Coppositions and Charles and Enderson Ito.		Jigilaco	Form: OLWR	CWO 4'S (4)

STATE WELL REPORT

County: Walthall Permit #: _____ Driller: Dames M. Wells Date completed: 6-9-14

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
(601)961-5210

For Office Use Only:				
Well #:				
Aquifer:				

		601)961-5210) 360-0535 (fax)			
	This part of the report must be completed by a licensed water	r well contractor or a licensed pump installer. A copy of Part 1			
1	of the report must be attached and both parts filed with the D Well Owner Information	Department at the above address within 30 days of well completion. Well Location			
	Owner Name: Glen Elsensohn	Latitude: 31°04.330 Longitude: 089°51.975			
	Mailing Address:	Method of Lat/Long (check one): Conventional Survey 78			
	52 Preston Stogner Rd.	USGS quad, Hand-held GPS, Survey-grade GPS			
	School MS City State Zip Code	NW 14 NW 14, Sec T T IN R 13E			
	Telephone No. ()	15 Miles 5E of Tylertown (Direction) (Nearest Town)			
l	Pump Tvr	pe (circle one)			
d	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
	Date Pump Installed: 10-9-14 Rated Pump Capacity: 10 Gallons Per Minute				
	Is This Pump (circle one): New Repaired Replacement				
	Power Ty	pe (circle one)			
4	Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
ı	Horse Power Rating of Motor: Setting Depth: feet Number of Stages:				
	Pump Test Data for Non Flowing Well				
	Date Well Tested: 69-19 Duration of Pump Test (minimum 4 hours): 4 hours				
	Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface				
	Drawdown [(B) - (A)]:				
	Method of measurement (circle one) Steel tabe Electric tape Air line Other (describe): Pump Test Data for Flowing Well				
	Measured shut in head:feet.	ta for Flowing Well			
	Well yieldedGPM with a drawdown of	feet after hours of numbing			
- 1					
	Meter Manufacturer:	Meter Installation eter Manufacturer: Meter Serial Number:			
	Meter Model Number/Name:				
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
	nstallation 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	e best of my knowledge.			
	James M. Wells 00005889 7-14-14 James m. willy				
	Print Name of Pump Installer and License No. (if applicable)	7-14-14 James M. Wells Date Signature of Pump Installer			

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