County: WASHINGTON
Permit #: GW-46971 /
Driller: J. HELKOME 0773
Date drilling completed: 4.10.13

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:			
Aquifer:			
Well#:			
L. S. Elevation:			
E-log #:			

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.

Department at the above address within 30 days of comp	oletion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	22 -0 E1 ON 10 11V			
Owner Name HARPER ROSS	Latitude: 33 ° 28 '51 " Longitude 90 ° 48, 44"			
Mailing Address: P.O. Box 859	Method of Lat/Long (circle one): Conventional Survey,			
Training reducess.	USGS quad, Hand-held GPS, Survey-grade GPS			
	SE 1/4 NE 1/4 Sec 21 / Twn 19N Rng 06W			
LELAND MS 38756	7E 4 NE 4 Sec 21 Twn 1970 Rng 06W			
City State Zip Code	Distance Direction Nearest Town			
,	Distance Direction Nearest Town 10 Miles H.E. of LELAND			
Telephone No. ()				
Well / Bore	hole Data			
	. 107			
Date drilling started: 4.10.13 Date drilling completed: 4.10.13	Hole depth: 107 Hole diameter: 24"			
Location of the source of any surface water used for drilling: DTG	\mathcal{H}			
Method of dosing and volume of Chlorine used in drilling and develo	opment: CHLORINE PABLET			
_				
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:			
Name of organization fullning log(s).				
Purpose of borehole (check one): Water Well Geotechnical/Geold	ogical Investigation Ground Source Heat Pump			
Spirmin Summer Other (1 and 1)				
Seismic Survey Other (describe) If drilling is not related to water well construction) n skin the remainder of this block			
	•			
Purpose of Well (check one): Home Industrial Public Supply	Irrigation X Fish Culture Other:			
If a flowing well, method of flow regulation: ValveO	ther (describe)			
	· · · · · · · · · · · · · · · · · · ·			
Static Water Level:feet above or below (circle one) la	and surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: Casing diameter: Inches Type of casing: P.J.C.				
Screen length: feet				
Screen slot size: , 050 inches Setting depth: From	65 feet to 40 105 feet			
Type of completion (circle all applicable): Gavel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If teld	escoped or more than one screen, describe on next page			

Form: OLWR-SWREO POVED

APR 1 8 2013

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	Description of Formations Encountered	From (depth)	To (depth
	TOP-SOIL	Ground Level	10
17	CUAY	10	20 50
65 LF	GANN)	20	50
1074	COASE SUN PERBUS	50	105
w	No Trom	(60	
16 CASING	101111	105	107
			
V			<u> </u>
			-
10"SWOEN			
110 600000			
(0 34202			
			<u> </u>
U			
			
The same the same and the same to the same	. •		
If more than one screen, show location of each on sket	ten		
Sketch the property layout and include the following: 1) the aid in locating the well; 3) any roads, power layout a north arrow.	lines, or other items that may aid in locating the p	property and the well	;
SEE N	TAS		
Landowner Name:			
	For	m: OLWR-SWR-1A	(04/08)
ertify that the well/borehole was drilled, constructed, a	nd completed in accordance with all applicable	le requirements of t	he
ississippi Department of Environmental Quality and the		-	
	V)	is, ii applicable, and	i state
ws.			
JOHN NEWCOME 0.773	1.10.13 place	0	_
int Name of Responsible Licensee and License No.	Date Signature of Lice	nsee	

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

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 10631

Jackbon, MS 39289-0631

For Office Use Only:	1
Aquifer:	
Well#:	
Elevation:	

(601)3:)\$64-5210 54-6938 (fax) Elevation:	_
This report should be prepared by the puttin installer in deta installation of pump.	all and filed with the Department within 30 days of the	_
Well Owner Information	Well Location	
Owner Name: Harper Ross		
	Latitude 33 28.51 Longitude: 90 48. 40	4
Mailing Address: P.O. Box 859	Method of Lat/Long (circle one): Conventional Survey.	•
	USGS quad, Hand-held GPS) Survey-grade GPS	
Leland MS 38756 City State Zip Code	SE 14 NE 14 Sec 2/ Two (71 Rng 066	,
	Distance Direction Nearest Town	
Telephone No. ()	10 Miles N. E. of Leland	
Pump Type	B 0	_
Circle o	Power Type Circle one	
Air Lift Jet Submiscolble		
Duel	Diesel Engine Gasoline Engine Natural Gas	
riscon Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rosery Howing Well	•	
Other (specify):	Win Other (specify): Horse Power Rating of Motor:	
Date Pump Installed: 4-10-13	·	
	Setting Depth:	
Rated Pump Capacity: 3000 Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B)	Other (specify):	
Pumping Water Level (B): First Below Land Surface Drawdown [(B) - (A)]: 65+6 Tet Below Land Surface	Not Tested	
Test Pumping Rate: Gallous Per Minute	feet feet	
Gations Fer Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of	String bridges of 1 1 1	
Hubbard Stephens 741-P		
Print Name of Pump Installer and License No. (if applicable)	THE RECEIVED	
and Liceuse No. (II applicable)	Signature of Pump Installer	_

APR 1 8 2013

Signature of Pump Installe

BY: OLWR