	STATE W	ELL REPORT	For Office Use Only
County: Washington	I	Part 1	Well #: D255
Permit #: C-W - 4473		ler's Log	Aquifer:
Driller: Charles M. Aichols		ent of Environmental Quality and Water Resources	E-Log #:
Date drilling completed: -6-5-7-2	P.O.	. Box 2309	
7-5-12		MS 39225-2309) 961-5210	
	(601) 3	60-0535 (fax)	
State Law requires that this report be p			
Department at the above address with Well Owner Information	in 30 days of comp		ell or borehole.
(Landowner if borehcle is not for a			
Owner Name: HK Hammett	-Son's Inc.	Latitude: 33°25, 82	5 Nongitude: <u>90°58.7</u>
Mailing Address: P.O Box 476	4		one): Conventional Survey,
	<u> </u>		
			ld GPS, 🔲 Survey-grade GPS
Greenville MS.	38704-476	6 NW XNW X	Sec <u>13 t 18 NR 18 W</u>
City State	Zip code		
Telephone No		(Distance) (Direct	ction) (Nearest Town)
)M(+// / D -	ehole Data	
Logs run (check all applicable): 🗹 No log run			Neutron D Other:
Method of dosing and volume of Chlorine use Logs run (check all applicable): I No log run Name of organization running log(s): Purpose of borehole (check one): I Water	n 🔲 Electric 🗍 Gamı	ma Ray 🗍 Density 🗍 Sonic	
Logs run (check all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water	n 🗌 Electric 🗋 Gamı r Well 📄 Geotech	ma Ray [] Density [] Sonic nical/Geological Investigation	
Logs run (check all applicable): INo log run Name of organization running log(s): Purpose of borehole (check one): IN Water Seise	n 🗌 Electric 🗋 Gamı r Well 📄 Geotech mic Survey 📄 C	ma Ray [] Density [] Sonic nical/Geological Investigation Dther (<i>describe</i>)	Ground Source Heat Pum
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Logs run (check all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Seise If drilling is not related Purpose of Well (check all applicable): Ho Other (describe): If a flowing well, method of flow regulation: W Static Water Level: feet Method of Measurement (check one) Stee Well depth: Well grouted to a dep	n 🗌 Electric 🗋 Gami r Well 📄 Geotech mic Survey 📄 C d to water well cons orme 🗋 Industrial 🗋 Pu /alve [] above or 🗗 below (check one) el tape 🗋 Electric tap with of: feet	ma Ray [] Density [] Sonic nical/Geological Investigation Dther (<i>describe</i>) struction, skip the remain ublic Supply [2] Irrigation [] Fi Other (describe) w] land surface Date me the [] Air line [] Other: (<i>descri</i> Type of grout (<i>check one</i>): [□ Ground Source Heat Pum der of this block ish Culture asured: ibe) □ Neat Cement □ Bentonite #
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Logs run (check all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Seise If drilling is not related Purpose of Well (check all applicable): Ho Other (describe): If a flowing well, method of flow regulation: V Static Water Level: feet Method of Measurement (check one) Stee Well depth: Casing length: Screen length: Screen slot size:	n 🗌 Electric 🗌 Gami r Well 📄 Geotech mic Survey 📄 C d to water well con: ome 🗋 Industrial 📄 Pu /alve [] above or 🗗 below (check one) el tape 🗋 Electric tap oth of: feet asing diameter: creen diameter: es Setting depth:	ma Ray 🗌 Density 🗋 Sonic nical/Geological Investigation Dther (<i>describe</i>)	Ground Source Heat Pum der of this block ish Culture asured: 2-5-12 ibe) Neat Cement Bentonite of casing: for screen: feet to
Logs run (check all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water Seise If drilling is not related Purpose of Well (check all applicable): Ho Other (describe): If a flowing well, method of flow regulation: W Static Water Level: feet Method of Measurement (check one) Stee Well depth: feet Casing length: feet Ca Screen length: feet Sc Screen slot size: feet Sc Screen slot size: feet Sc	n Electric Game r Well Geotech mic Survey G <u>d to water well cons</u> orne Industrial Pro- /alve [] above or below (check one) el tape Electric tap th of: <u>0</u> feet asing diameter: creen diameter: Gravel packed Ur	ma Ray 🗌 Density 🗋 Sonic nical/Geological Investigation Dther (<i>describe</i>)	□ Ground Source Heat Pum der of this block ish Culture asured: □ Neat Cement □ Bentonite € of casing: feet to Feet to Natural Development

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

County: 1 Permit #: 6W

	For Office Use Only:
Well #	D 255

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level			Descrip
		<u></u>	Sil med Cou
			me
			mea
			Con
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	1		
	l l		

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)
Clan	Ground level	20
Sine sand	20	40
med sand	40	50
med to course sand	50	70
med sand med to course sand course sand + gravel clay.	40 50 70 85	85
Class.	85	
· · · · · · · · · · · · · · · · · · ·		
	·····	
	······	

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 aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- a north arrow

Landowner Name:	<u> </u>	Hammett	t. Sons	Inc.
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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.

Charles M. Aic 1067 hold -11-14 11 Print Name of Responsible Licensee and License No. Signature of Licensee Date

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

	STATE WI	ELL REPORT	For Office Use Only:
and I to all and		Part 2	Well #: D255
County: Washington		S Completion Report	
Permit #: Grw-4473	Mississioni Departmer	nt of Environmental Quality	
Driller: Charles M. Nichols	Office of Land a	nd Water Resources Box 2309	Aquifer:
Date drilling completed: 6-5-12	Jackson, M	MS 39225-2309	
Copy information from block on Part 1		961-5210 60-0535 (fax)	
	()	. ,	
This part of the report must be complete of the report must be attached and both	d by a licensed water well parts filed with the Depart	contractor or a licensed pump iment at the above address wit	installer. A copy of Part I hin 30 days of well completion.
Well Owner Informa		We	II Location
Owner Name:	tt + Sons Inc.	Latitude: 33°25.826	N Longitude: 90 58, 796
Mailing Address: P.O Box		Method of Lat/Long (check o	ne): ☐ Conventional Survey,
			ld GPS, 🔲 Survey-grade GPS
<u>Greenville M6.</u> City Stat	<u>38704-4766</u> te Zip code	<u>NW XNW X.</u> S	Sec <u>13</u> T <u>18 N</u> R <u>18 W</u>
			ction) (Nearest T-)wn)
		(Distance) (Direc	ction) (Nearest T-)wn)
	Pump Type	(check one)	
Submersible Turbine	Centrifugal 🔲 Flowing We	ell 🔲 Jet 🔲 Piston 🔲 Rotary 🛙] Other (describe):
Date Pump Installed 6-5-			
Is This Pump (check one): New [] R			
	Power Type	(check one)	
🗆 Electric 🛿 Diesel 🗆 Gasoline 🗋 Nati	ural Gas 🗋 Tractor PTO 🕻] Windmill 🗋 Other (describe):
Horse Power Rating of Motor: 60	Setting Depth: _	60 feet M	Number of Stages: 2
		- N	·
	Pump lest Data to	r Non Flowing Well	mum 4 hours): hours
Date Well Tested:			
Static Water Level (A): F			
Drawdown [(B) - (A)]:			
Method of measurement (check one):	Steel tape Electric tap	e 🗋 Air line 🗋 Other (describ	99):
	Pump Test Data	for Flowing Well	
Measured shut in head:	_ feet		
Well yielded GPM with	a drawdown of	feet after	hours of pumping
	Meter In	stallation	······································
Meter Manufacturer:			
Meter Model Number/Name:			
Totalizer Register Unit and Multiplier Fa			
I LOADZEL DEUSSELLING AUTO MUTUUMAT PA			
Installation Date:			
Installation Date: Is This Meter (check one):	Repaired 🗌 Replacement		
Installation Date: Is This Meter (check one): New R Important: By submitting the above	Repaired Replacement retains retain the second retains the second ret		alled to manufacturer standards.
Installation Date: Is This Meter (check one): New R Important: By submitting the above	Repaired Replacement e information you are cert ultural wells, a list of appr	ifying that this meter was insta oved meters is on the MDEQ	alled to manufacturer standards.
Installation Date: Is This Meter (check one): New R Important: By submitting the abov For agrice	tepaired Replacement e information you are cert ultural wells, a list of appr tements are true to the be	<i>ifying that this meter was insta oved meters is on the MDEQ</i> est of my knowledge.	alled to manufacturer standards.
Installation Date: Is This Meter (check one): I New I R Important: By submitting the abov For agric	tepaired Replacement e information you are cert ultural wells, a list of appr atements are true to the be	ifying that this meter was insta oved meters is on the MDEQ	alled to manufacturer standards.

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