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an Martin 1	STATE WELL REPORT Part 1	
County: Washington	Driller's Log	Well#: <u>637.2</u>
Permit #: G-W 46202	Mississippi Department of Environmental Qua	
Driller: Charles M. Aichols	Office of Land and Water Resources P.O. Box 2309	E-Log #:
Date drilling completed: 5-30-13	Jackson, MS 39225-2309	
	(601) 961-5210 (601) 360-0535 (fax)	
State Law requires that this report h	e prepared by the license holder responsible	e for the work and filed with the
	thin 30 days of completion of drilling of th	
Well Owner Informat (Landowner if borehole is not for		or Borehole Location
Owner Name: Wate Gies	charcht latitude: 32°10'0 c	N Longitude: 90 58 59,270
Mailing Address: <u>5281 Bla</u>		eck one): 🔲 Conventional Survey,
		d-held GPS, 🗍 Survey-grade GPS
Lebad Mb. 3 City State	X X X Zip code NE %	14, Sec 18 T 17NR 8W
Telephone No() -	Miles	5E of Greenville (Direction) (Nearest Town)
	Well / Borehole Data	
		60
Date onling started: 3-50-13 Da	ate drilling completed: 5-32-13 Hole depth	Hole diameter: <u>46</u>
Location of the source of any surface wate	er used for drilling: Ditch	
Method of dosing and volume of Chlorine	used in drilling and development: HTH	2
/	run 🗌 Electric 🗌 Gamma Ray 🗍 Density 🗌 So	,
Name of organization running log(s):		
Purpose of borehole (check one):	ater Well 🛛 🗌 Geotechnical/Geological Investiga	tion Ground Source Heat Pump
🗋 Se	eismic Survey 🗌 Other (<i>describe</i>)	
If drilling is not rela	ted to water well construction, skip the ren	minder of this block
Purpose of vveil (check all applicable):	Home 🗋 Industrial 🗋 Public Supply 🗗 Trigation	LI Fish Culture
Other (describe):		······································
If a flowing well, method of flow regulation	: Valve Other (describe)	
Static Water Level: fe	et [] above or B below] land surface Date (check one)	e measured: 6-11-13
Method of Measurement (check one)	teel tape 🔲 Electric tape 🗍 Air line 🔲 Other: (d	escribe)
	lepth of: feet Type of grout (check or	
Casing length: <u>50</u> feet	Casing diameter: / 6 inches T	ype of casing:
Screen length: 40 feet	Casing diameter: <u>/6</u> inches T Screen diameter: <u>/6</u> inches T	ype of screen:
Screen slot size: <u>, 032</u> in	ches Setting depth: From	feet tofeet
Type of completion (check all applicable):	Gravel packed 🗌 Underreamed 🗋 Open hole	Natural Development
Other (describe):		
op of lap pipe or reduction in casing:		
If teleso	coped or more than one screen, describe on nex	1 page

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

County: Nas Permit #: 6 2 20

	For Office Use Only:
Well #:	G372

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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Ground level

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Clay med Sand med to course sand Course sand + p-grave Clay	0	30
med sand	30	40
med to course sand	40	70
Course sand + D-grave	70	90
Clay S	90	•
· /		
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······································		

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

Sketch the property 1) the well loca 2) any permane	tion ent structures on the	e property that ma	ly aid in locating the	e well
 any roads, p a north arrov 		items that may a	d in locating the pro	perty and the well
Landowner Name:	Wade	Gjesbi	recht	
I HEREBY CERTIFY	that the weil/bore	nole was drilled, c	onstructed, and con	Form: OLWR-SWR-1A (04/08) pleted in accordance with all applicable
requirements of the if applicable and sta	Mississippi Departr	nent of Environme	ental Quality and the	Mississippi Department of Health regulations,
Charles // Print Name of Resp	nsible Licensee a	d License No	<u>4-8-74</u> Date	Charle M. Autos
				Signature of Licensee

	STATE WELL REPO		- 1
County: Washington Permit #: GW 46202	Part 2	Well #: <u>C-37</u>	·
	Pump Installer's Completion Mississippi Department of Environmen	Report Ital Quality	
Driller: Charles M. Aichols	Office of Land and Water Resou	rces Aquifer:	
Date drilling completed: 6-4-13	P.O. Box 2309 Jackson, MS 39225-2309		
Copy information from block on Part 1	(601) 961-5210 (601) 360-0535 (fax)		
This part of the report must be completed of the report must be attached and both p	by a licensed water well contractor or a lic arts filed with the Department at the above	address within 30 days of well con	art 1 mpletion.
Well Owner Informat		Well Location	
Dwner Name: Wade Gies	brecht Latitude: 33°	19 9.80 N Longitude: 90 5	859,27 u
Mailing Address: <u>5281 Bb</u>	K Bayou Rd Method of Lat/Lo	ong (check one): Convention	al Survey,
		Hand-held GPS, Survey-gr	
Leland M3, 387. City State	56 NE %	<u>SW %, Sec 18 T/7N</u> F	<u>811</u>
City State	5 Mil	es <u>SE</u> of <u>Grea</u> (Direction) of <u>Grea</u>	nuille
	(Distance)	(Direction) (Neare	est Town)
	Pump Type (check one)		
Submersible 🗆 Turbine 🗆 Air Lift 🗖 C	entrifugal 🗇 Flowing Well 🗇 Jet 🖵 Pistor	Rotary 🗌 Other (describe):	
	Rated Pump Capac		ns Per Minute
s This Pump (check one): New Re	paired 🔲 Replacement	·	
	Power Type (check one)		
🗹 Electric 🛛 Diesel 🗋 Gasoline 🗋 Natur	al Gas 🔲 Tractor PTO 📋 Windmill 🔲 Oth	er (describe):	
Horse Power Rating of Motor: 40	Setting Depth: 70	feet Number of Stages:	1
	Pump Test Data for Non Flowing W	/ell	
Date Well Tested: 6-11	Duration of Pum	p Test (minimum 4 hours):	hours
Static Water Level (A): Fe	et Below Land Surface Pumping Water	Level (B): Feet Belo	w Land Surface
Drawdown [(B) - (A)]:	Feet Below Land Surface Test Pumpin	g Rate: Gal	Ions Per Minute
	Steel tape 🔲 Electric tape 🔲 Air line 🗍 O		
	Pump Test Data for Flowing Wel		
Measured shut in head:	feet		
Well yielded GPM with a	a drawdown of feet	after hours of	pumping
	Meter Installation		
Meter Manufacturer:	Meter Serial	Number:	
	Type of Me	eter:	£122.7
Totalizer Register Unit and Multiplier Fac	tor (AF x .001, gal x 1000, etc):	· · · · · · · · · · · · · · · · · · ·	
nstallation Date:	Meter installed by:		<u>-</u>
s This Meter <i>(check one)</i> : 🗌 New 🗌 Re	paired 🔲 Replacement		
	information you are certifying that this ma ltural wells, a list of approved meters is on		standards.
I HEREBY CERTIFY that the above state	ements are true to the best of my knowled	ge.	<u> </u>
al I M. A. II			
	1/7 11-0-1	4- PK. 16.11	1 A 1
Print Name of Pump Installer and Licer	<u>167</u> Hose No. (<i>if applicable</i>) Date	<u>Y-</u> Signature of Purr	<u>Jule</u>

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