County: <u>WAYre</u>
Permit #: 5496
Driller: FANI MUSEley
Date drilling completed: 11-98-15

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:
Welli#: FI7
L. S. Elevation:
E-log #:

Well or Borehole Location

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.

Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	01. /16 /2
,	Latitude: 31° 49/31 Longitude: 48 31 787
Owner Name Lee McCop/11249H	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: 813 MATHERUILE	
RRUST BRIDGE RD.	USGS quad, Hand-held GPS, Survey-grade GPS NW SW SE 1/4 Day Sec 19 Twn lon Rng 5 12
City State Zip Code	
City State Zip Code	Distance Direction Nearest Town 15 Miles And of University Of University Nearest Town
Telephone No. ()	TE NE
Well / Bore	hole Data
Date drilling started: 1-9-15 Date drilling completed: 11-9	
Location of the source of any surface water used for drilling: 837 Method of dosing and volume of Chlorine used in drilling and devel	lopment: 402 HTH
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Guiet.
Purpose of borehole (check one): Water WellGeotechnical/Geol	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe If drilling is not related to water well construction	r) n, skip the remainder of this block
Purpose of Well (check one): Home Industrial Yublic Supply	
If a flowing well, method of flow regulation: Valve C	Other (describe)
Static Water Level: 40 feet above or below (circle one)	land surface Date measured: 11-9-15
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 188 Well grouted to a depth of 10 feet Type	
Casing length: 168 feet Casing diameter: 4"	
Screen length: 30 feet Screen diameter: 4"	•
Screen slot size: # 10 inches Setting depth: From	168 feet to 188 feet
Type of completion (circle all applicable): Oravel packed Under	rreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: feet. If te	lescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (04/08)





The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level.

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

Description of Formations Encountered	From (depth)	Γο (depth)
TOP 507L	Ground Level	2
BROWN Clay	2	//
Pine Brown 5 AND	21	28
Rock	28	29
GRAJ SANDY CHAY	29	33
nock	3 5	34
SANDY Blue Clay	3/	46
Risch	46	47
Blue clay	47	5/
Rock	51	52
Blue Clay	52	11.3
Rock	113	114
Gay clay meanite	114	165
fine 5 may meson	165	1.75
SANOY BROWELT	175_	180
mes Kourse sono	180	188
		<u> </u>
		<u> </u>
	<u> </u>	

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;
4) a north arrow. WAYNES BORD GO 84 EAST TO BED MATHENINE DIZMONDRO WAYNES BORD GO 84 EAST TO BED MATHENINERO.
WAYNESBORD GO 84 EAST TO BYS THE ON MATHERVILLERS. ON LEFT GO 5 Mile TURN RIGHT ON MATHERVILLERS. GO TO END THEN RT GO 3 Mile CROSS BN'DGE MEXT GO TO END THEN RT GO 3 Mile CROSS BN'DGE.
$A_{m-1} = A_{m-1} = A_{m$
ORIVE ON RT GO TO ENOUS DRIVE.
prive on RI 60.
Landowner Name:
Form: OLWR-SWR-1A (04/08)

I 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.

EANISNOSCIET 5496

Print Name of Responsible Licensee and License No. Date

STATE WELL REPORT

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 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:	•	
Well#:E	17	
Elevation:		

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.

Copy information from block on Part 1

Well Owner Information	31-49-08 Well Location 88-31-48
Owner Name: Lee Mccollough	Latitude: 31-49.131 Longitude: 88-31.787
Mailing Address: 8/3 MATHERNILE	Method of Lat/Long (check one): Conventional Survey,
FRUST BRIDGE RO	USGS quad, Hand held GPS, Survey-grade GPS
City State Zip Code	NW SW SEC 19 T 100R Ste
City State Zip code	Distance Direction Nearest Town
Telephone No. ()	15 Miles NE of waynes some

Pump Type Circle one		Power Type Circle one			
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Elestric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Rating	g of Motor; <u>2</u> H/	<u> </u>
Date Pump Installed:	11-13	3-15	Setting Depth:	100	feet
Rated Pump Capacity	:_35	Gallons Per Minute	Number of Stages:	9	
İ			1 .		

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 11-13-15	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): Feet Below Land Surface	Other (specify):		
Pumping Water Level (B): 100 Feet Below Land Surface	Onici (specity),		
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: 44 Gallons Per 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 my knowledge.	CONTRACTOR ASSOCIATION OF THE CONTRACTOR OF THE
FARI Maseles 5496	Earl Moseles	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	ID CAND REPOSITORIA

Form: OLWR-SWE-[B204/08]]5

