County: <u>CURYNE</u> Permit #: <u>5496</u> Driller: <u>EARI Mosley</u>	STATE WELL REPORT  Part 1  Driller's Log  Mississippi Department of Environmental Quality  Office of Land and Water Resources  P.O. Box 2309	For Office Use Only:  Well #:  Aquifer:
Date drilling completed: $\frac{4-18-13}{4}$	Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	
State Law requires that this report Department at the above address w Well Owner Informati (Landowner if borehole is not for Owner Name: OAVIO LIN	a water well)	the work and filed with the or borehole.  Phole Location  Ingitude: WOBB-54-513
Mailing Address: 88 Jenne Laurel ns 394 City State  Telephone No. (201) 433-	USGS quad, Hand-held Company of the Sun	SPS X, Survey-grade GPS X, Survey-grade GPS R9W R9W R1 WAYNES SORO (Nearest Town)
	Well / Borehole Data	
	drilling completed: $4-18-13$ Hole depth: $20$	
	vater used for drilling: <u>\$37 caraly</u> La	
Method of dosing and volume of Chlori	ne used in drilling and development: 602 /	414 = 1300 646
	h Electric Gamma Ray Density Sonic Neutr	on Other:
Name of organization running log(s): _	N/A	
Purpose of borehole (circle one): Nater	Well Geotechnical/Geological Investigation	Ground Source Heat Pump
	nic Survey Other (describe)	
If drilling is not rel	ated to water well construction, skip the remainde	
Purpose of Well (circle all applicable):	Home Industrial Public Supply Irrigation	Fish Culture POUTRY HOUSE
•		
	ation: Valve Other (describe)	
	t [above or below] land surface Date measure (circle one)	
	Steel tape Electric tape Air line Other (describe	The same of the sa
	depth of: 10' feet Type of grout (circle one)	
Casing length: 188 feet C	asing diameter: 4" inches Type of	casing: PVC
	Screen diameter: 4//_inches Type of	
Screen slot size: #10 inches	Setting depth: From 188 feet t	to 208 feet
Type of completion (circle all applicable	le): Gravel packed Underreamed Open hole	Natural DevelECEIV

Other (describe): SAND PACK

\_\_\_\_\_feet

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

Top of lap pipe or reduction in casing: \_\_\_

Forms OLVID CWD 14 (4/12)

County: Wayne	Fo	r Office Use	Only:
Permit #:	Well #: _	L102	
The sketch below only required for water wells	Description of formations encountered and boreholes, unless specifically exem		
If well telescopes, show depths on sketch.  Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)
pund AT 80'	CHAUK  Fire SAND  CIAY  Fire SAND  Blue CIAY  Fire SAND	23 28 73 74	23 28 73 76 122 130
BACK WASH VAINE	CIMY  Fine SAND  Clay  Fine SAND  Fine Imed SAND  MED SAND  COURSE SAND	130 150 160 165 180 195 204	150 160 165 180 195 208
value			

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) north arrow

Landowner Name:

I 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.

FALL MUSICAL 5496

Print Name of Responsible Licensee and License No.

Date

Signature of Efcensee

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

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

## STATE WELL REPORT

## County: WA Permit #: 5 Driller: EARI MUSIET Date completed: 4-10

## 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#: LIO2		
Aquifer:		

	2/0 0F2F (few)			
Well #	) 360-0535 (fax)			
This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: DAVIO LINSIEY	Latitude: N. 31-37-692 ongitude: W088-54-513			
Owner Name: <u>DAVIO</u> LINSIEY Mailing Address: <u>88 Telky WAITER BR</u>	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
LAUREL MS 35443 City State Zip Code	Su 1/4 NW1/4, Sec 28 T 8N R 9W			
	18 Miles WeST of WAYNESSONO (Distance) (Direction) (Néarest Town)			
Telephone No. (61) 433 5965	(Distance) (Direction) (Néarest Town)			
Pump Typ	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 4-22-13	Rated Pump Capacity: 5.5 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacement				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):			
Horse Power Rating of Motor: 5 Setting Dept	h: 80 feet Number of Stages:			
Pump Test Data	for Non Flowing Well			
Date Well Tested: 4-22-13	Duration of Pump Test (minimum 4 hours): 4 hours			
Static Water Level (A): Feet relow and Surface	Pumping Water Level (B): 80 Feet Below Land Surface			
Drawdown [(B) - (A)]: 68 / Feet Below Land Surf	face Test Pumping Rate: 70 Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric ta	ape Air line Other (describe):			
Pump Test Date	ta for Flowing Well			
Measured shut in head: feet.				
Well yielded GPM with a drawdown of	feet after hours of pumping			
Meter	Installation			
Meter Manufacturel:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal	x 1000, etc):			
Installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replaceme	ent			
Important: By submitting the above information you are ce For agricultural wells, a list of an	ertifying that this meter was installed to manufacturer standards.  proved meters is on the MDEQ website.			
	DE AFILI			
I HEREBY CERTIFY that the above statements are true to the				
FALL NOSIEY 5996 Print Name of Pump Installer and License No. (if applicable)	4-22-13 Earl Morley 02 20			
rant name of rump instance and license no. (i) applicable)	Date Signature of Pump Installer			

Form: OLWR SWR-18 (4/13)