	STATE V	VELL REPOR	т -	
County: Amite	STATE	Part 1	•	For Office Use Only:
	Dr	iller's Log		well #: <u>B7C</u>
Permit #: Driller: Titzgerald Will Serre	Mississippi Departm	ent of Environmental d and Water Resource	Quality	Aquifer:
Driller: $\frac{1}{2}$	Ρ.	O. Box 2309		E-Log #:
Date drilling completed: $\frac{2-31-13}{2}$		n, MS 39225-2309 01)961-5210	L	
		360-0535 (fax)		
State Law requires that this report Department at the above address w	be prepared by the li ithin 30 days of com	cense holder responsi pletion of drilling of t	ible for th the well o	e work and filed with the r borehole.
Well Owner Informat	ion	Well	or Borel	nole Location
(Landowner if borehole is not for	a water well)	Latitude: <u>31 ° / 6 ´ '</u>	9.8 Lon	gitude: <u>90°59'21.8''</u>
Owner Name: <u>Ray Johnson</u> Mailing Address: <u>Nub Rd</u>		Method of Lat/Long (d	check one)	: Conventional Survey,
Mailing Address:		USGS quad, Han	d-held GF	PS, Survey-grade GPS
		SE 1/ NE	1/4. Sec -	33 T 31 R 3E
Gloster MS. City State	Zip Code	*********************************		(Nearest Town)
-		Miles (Distance) (Dire	of ection)	(Nearest Town)
Telephone No. ()		(
Location of the source of any surface v Method of dosing and volume of Chlori				
Logs run (circle all applicable): No log r	D Electric Gamm	a Ray Density Sonic	: Neutro	n Other:
Name of organization running log(s): _				
Purpose of borehole (circle one): Water	West Geotechnic	al/Geological Investiga	tion (Ground Source Heat Pump
Seisn	nic Survey Other (a	lescribe)		
If drilling is not rel	ated to water well co	nstruction, skip the re	emainder	of this block
Purpose of Well (circle all applicable):(Home Industrial	Public Supply Irrig	ation f	ish Culture
Other (describe):				
If a flowing well, method of flow regu				
Static Water Level: <u>55</u> fee	t [above or below] (circle one)	land surface Date	measured	: 7-31-13,
Method of measurement (circle one)				
Well depth: 40^{\prime} Well grouted to a	depth of: <u>10</u> fe	et Type of grout (ci	rcle one	Neat Cement Bentonite Mix
Casing length:feet C Screen length:feet	asing diameter: $\underline{4}$	inches	Type of c	asing: <u>/'LC</u>
Screen length: <u>10</u> feet	Screen diameter: \underline{Y}	inches	Type of :	screen: <u>Puc</u>
Screen slot size: <u></u> inches	_			
Type of completion (circle all applicable	e): Gravet packed	Underreamed O	pen hole	Natural Development
Other (describe):				and the second
Top of lap pipe or reduction in casing:				3 7- (31,049
If telesc	oned or more than o	ne screen, describe or	n next pag	e e

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County: _	Amk	
Permit #:		

Fo	r Office	Use	Only:
ell #:	BT	Ċ	

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level K

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

Well #: __

Description of Formations Encountered	From (<i>depth</i>)	To (depth)
	Ground level	
cluy,	0	20 40
Sand,	20	40
sravel'	<i>LO</i>	80
Cluy-	80	120
sand, cure sand,	(20	20 130
cure Sand,	(30	140
	·	

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) north arrow
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 () well
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OKFOR Mendulle Ld
OKTOO THE
1
Bus- come Ra
Landowner Name: Kay Johnson'
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.
BIAd Eyzeah 029 7-31-13 helfale
Print Name of Responsible Licensee and License No. Date Signature of Licensee
Finit Name of Responsible Licensee and License No. Date Signature of Licensee

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

	STATE WELL REPORT	
County: Amite	Part 2	
Permit #:	Pump Installer's Completion Report	For Office Use Only:
Driller: Fitzerald Will Strop	Mississippi Department of Environmental Quality	Well #: <u>B70</u>
	Office of Land and Water Resources P.O. Box 2309	
Date completed: <u>7-3(-13,</u>	Jackson, MS 39225-2309	Aquifer:
<u>Copy information from block on Part 1</u>	(601)961-5210 (601) 360-0535 (fax)	
of the report must be attached and both	d by a licensed water well contractor or a licensed pun parts filed with the Department at the above address w	ithin 30 days of well completion.
Well Owner Information		ocation
Owner Name: Kay Johnson	Latitude: <u>31 16 98</u> Lon	gitude: <u>90° 54′ 21.8″</u>
Mailing Address: <u>Nub</u> Kdi		
	USGS quad, Hand-held GF	
<u>Glosfer</u> City State	¼¼, Sec Zip Code	3R <u>3E</u>
	Miles of	<u>4N</u>
Telephone No. ()	(Distance) (Direction)	(Nearest Town)
	Pump Type (circle one)	<u> </u>
Submersible Turbine Air Lift Centrifu	ıgal Flowing Well Jet Piston Rotary Other (des	cribe):
Date Pump Installed:	Rated Pump Capacity:	Gallons Per Minute
Is This Pump (circle one): New Rep	aired Replacement	
	Power Type (circle one)	
	Tractor PTO Windmill Other (<i>describe</i>):	
Horse Power Rating of Motor:	Setting Depth: _/00feet Number	of Stages: 8
	Pump Test Data for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimu	um 4 hours): hours
Static Water Level (A): Feet	Below Land Surface Pumping Water Level (B):	Feet Below Land Surface
Drawdown [(B) - (A)]:F	eet Below Land Surface Test Pumping Rate:	Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):		
	Pump Test Data for Flowing Well	
Measured shut in head:feet.		
Well yieldedGPM with a di	awdown of feet after	nours of pumping
Meter Installation		
Meter Manufacturer:	Meter Serial Number:	DEATEN
Meter Model Number/Name:	Type of Meter:	
Totalizer Register Unit and Multiplier Fac	ctor (AF x .001, gal x 1000, etc):	
Installation Date: Meter installed by: BY: Or WA		
Is This Meter (circle one): New Repaired Replacement		
Important: By submitting the above inf For agricultur	ormation you are certifying that this meter was install al wells, a list of approved meters is on the MDEQ we	ed to manufacturer standards. bsite.
I HEREBY CERTIEY that the above statem	ents are true to the best of my knowledge.	
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1 1 . 1	1 life	d
biAd File en ld Of Composition and License	1 7-31-13 Bul Styl	re of Pump Installer

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