STATE WELL REPORT						
county: Amte	Part 1	For Office Use Only:				
	Driller's Log	Well #: MICL				
Driller: Fitzperald Well Level	Aississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:				
Date drilling completed: 6-5-13.	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:				
Date drilling completed.	(601)961-5210					
	(601)360-0535 (fax)					
State Law requires that this report be Department at the above address with	e prepared by the license holder responsible for t hin 30 days of completion of drilling of the well	or borehole.				
Well Owner Information	···	ehole Location				
(Landowner if borehole is not for a	Latitude: 310 8 40.5 Lor	ngitude: 40°56′18.2″				
Mailing Address: Smiley Rd	Owner Name: Kuss Kive Method of Lat/Long (check one): Conventional Survey					
Mailing Address.	USGS quad, Hand-held G	SPS, Survey-grade GPS				
	NW 14 NW 14 Sec	1918 T 2N R 3 F				
City State	7: 6					
Telephone No. ()	(Distance) (Direction)	of (Nearest Town)				
	Well / Borehole Data					
Date drilling started: 6.5-13 Date d	rilling completed: <u>6-5-3.</u> Hole depth: <u>124</u>	Hole diameter: $\underline{\mathcal{S}''}$				
Location of the source of any surface wa	ter used for drilling:					
Method of dosing and volume of Chlorine	used in drilling and development:					
Logs run (circle all applicable): No log rur	Electric Gamma Ray Density Sonic Neutro	on Other:				
Name of organization running log(s):						
Purpose of borehole (circle one): Water V	Vell Geotechnical/Geological Investigation	Ground Source Heat Pump				
Seismic	Survey Other (describe)					
If drilling is not relat	ed to water well construction, skip the remainde	r of this block				
Purpose of Well (circle all applicable):	ome Industrial Public Supply Irrigation	Fish Culture				
Other (describe):						
	cion: Valve Other (describe)	- 4 M W.				
Static Water Level: 78 feet [above or below] land surface Date measured: 6-3-13						
	cel tape Electric tape Air line Other (describe)					
	lepth of: (C feet Type of grout (circle one)					
Casing length: 119 feet Casing diameter: 4" inches Type of casing: Pcc						
Screen length: 10 feet Screen diameter: 4" inches Type of screen: Acc						
Screen slot size:						
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development						
Other (describe):						

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

Top of lap pipe or reduction in casing: _____feet

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

County: Am-te		For Office Use Only:		
The sketch below only required for water wells	Description of formations enco	ountered mu	ist be provide	d for all well
If well telescopes, show depths on sketch.	and boreholes, unless specifica	illy exempte	d by regulation	ons .
Ground Level	Description of Formations Encoun		rom (depth) Ground level	To (depth)
	Sun	Ī	20	20 Yu
		end,	40 (e d	80
	Su	nd.	100	100
	Luse	land	llo	124,
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 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well			
		- <i>/</i>	mobil Ho	mp.
	Z.		BY:	KED
	Party K	*	W.	OLME
Bernet Cosself	89	ţ	B1.	1
andowner Name: Rus Vike				
HEREBY CERTIFY that the well/borehole was drilled equirements of the Mississippi Department of Envirof applicable, and state laws.	, constructed, and completed in acommental Quality and the Mississippi	cordance w Departmen	ith all applic it of Health r	able egulations,
buad Fizeral Name of Responsible Licensee and License No.	65-B. Belly	Signature of	licenses	
The same persons are are and arcense No.			orm: OLWR-9	WR-1A (4/1.

STATE WELL REPORT

Part 2

County:

Permit #:

Driller: Kt

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309

For Office Use Only:				
Well #:				
Aquifer:				

Date completed: Copy information from block on Part 1 (601)961-5210 (601) 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 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Location Well Owner Information Latitude: 3108 405 Longitude: 60°56 14.2" Owner Name: Kull Vine Mailing Address: __ Method of Lat/Long (check one): Conventional Survey_ USGS quad____, Hand-held GPS____, Survey-grade GPS Zip Code _Miles _____(Direction) Telephone No. ((Distance) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: Rated Pump Capacity: Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: 110 Horse Power Rating of Motor: feet Number of Stages: 12 Pump Test Data for Non Flowing Well Date Well Tested: ____ Duration of Pump Test (minimum 4 hours): _____ hours Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): ____ Feet Below Land Surface Drawdown [(B) - (A)]: ____ Feet 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. _GPM with a drawdown of ______ feet after _____hours of pumping Well yielded. Meter Installation Meter Manufacturer: ______ Meter Serial Number: _____ _____ Type of Meter:_____ Meter Model Number/Name: ___ 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 Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above	e statements are tru	ie to the best of my know	rledge.	
Brad Fleweld	024.	6.5-13	Beltel	

Date

Print Name of Fump Installer and License No. (if applicable)

Signature of Pump Installer
Form: OLWR-SWR-1B (4/13)