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State Well Report Part 1 – Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) For Office Use Only: Aquifer: Well #: <u>H</u> <u>40</u> L. S. Elevation: E-log #: E-log #: E-log #: Mailing Address: <u>247 Hoxforn Road</u>						
Permit #:						
Permit #: Office of Land and Water Resources Driller: Affir from the presence of Land and Water Resources Driller: P.O. Box 10631 Date drilling completed: 2-16-15 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 #: (Landowner if borehole is not for a water well) Owner Name Image Office of Land and Water Resources Mailing Address: 247 Hoxford Mond Method of Lat/Long (circle one): Conventional Survey,						
Driller: <u>APT 1. PT WHTCHUCH</u> F.O. BOX 10031 Jackson, MS 39289-0631 Jackson, MS 39289-0631 Date drilling completed: <u>2-16-15</u> (601)961-5210 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) Latitud# 33 ° 24 ' 069' Longitud# 2089' 55 ' 35.1'' Owner Name Jimony Oliven Mailing Address: <u>247 Hoxforn Load</u>						
Date drilling completed: 2-16-75 (601)961-5210 (601)354-6938 (fax) E-log #: 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. Mailing Address: 247 Hoxfon load Mailing Address: 247 Hoxfon load						
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Owner Name Jimry Oliver Mailing Address: 247 Hoxton Road Method of Lat/Long (circle one): Conventional Survey,						
Mailing Address: d4/ HOXTON NOAC						
IISGS guad Hand haid GP Survey grade GPS						
USGS quad Hand-heid GP, Survey-grade GPS						
GREENVILLE MS. 38703 City State Zin Code Distance Direction Nearest Town (
City State Zip Code Distance Direction Nearest Town Miles Suff of CARAO II for						
Telephone No. (
Weil / Borehole Data						
Date drilling started: <u>216-15</u> Date drilling completed: <u>2-16-15</u> Hole depth: <u>230</u> Hole diameter: 7 1/4"						
Location of the source of any surface under the delling Collision of the						
Location of the source of any surface water used for drilling: <u>COMMUNITY</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 ppm</u>						
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:						
-Name of organization running log(s):						
Purpose of borehole (check one): Water Well X Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (check one): Home <u>Y</u> Industrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 122 feet above of below circle one) land surface Date measured: 2-17-15						
Well depth: 220 Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: <u>200</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>						
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>						
Screen slot size: , 013 inches Setting depth: From 200 feet to 220 feet						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole						
Other (describe):						
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page						
Form: OLWR-SWR-1A						

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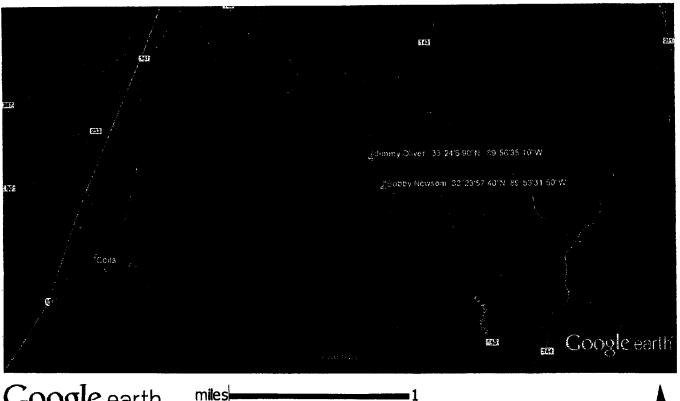
	on sketch.	wells and boreholes, unless specifically exempted by regulations		
Ground Level	١	Description of Formations Encountered		Co (depti
<i>Г</i>		CLAY	Ground Level	15
	200	Red SANG	15	50
	22 7	CLAY	50	80
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Landowner Name:		- • •		
Landowner Name:		- • •		
Landowner Name:		- • •	Form: OLWF	R-SWR-
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certify that the well/borehole w	My Oliven	completed in accordance with all applicabl	e requirements of	the
lississippi Department of Envir	My Oliven		e requirements of	the
certify that the well/borehole w	vas drilled, constructed, and ronmental Quality and the N	completed in accordance with all applicabl fississippi Department of Health regulation	e requirements of	the
certify that the well/borehole w lisspsippi Department of Envir	vas drilled, constructed, and ronmental Quality and the N	completed in accordance with all applicabl	e requirements of	the

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STATE WELL REPORT							
County: CARLON		Part 2	For Office Use Only:				
Permit #:		er's Completion Report	well #: <u>440</u>				
Permit #: Driller: AATI FF WATCA Well		ment of Environmental Quality nd and Water Resources	Well #:				
Date completed: - 2- 20 - 15	P.O. Box 2309						
Copy information from block on Part 1		on, MS 39225-2309 601)961-5210	Aquifer:				
) 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 Owner Information Well Location							
Owner Name: Jimmy Oliver Mailing Address: 247 Hoxton Road		Latitud 3 3 24 06.9 Longitud 2089 56 35.1					
Mailing Address: 247 Hoxto	m Roxd	Method of Lat/Long (check one): Conventional Survey,				
		USGS quadHand-heid G	PS_), Survey-grade GPS				
GREENVILLE MS. City State	38703	¼¼, Sec_	25 T 18W R 3E				
	•	7 Miles South o	CAMOILTON				
Telephone No. ()		(Distance) (Direction)	(Nearest Town)				
	Pump Ty	pe (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):							
Date Pump Installed: <u>2-20-15</u> Rated Pump Capacity: <u>18</u> Gallons Per Minute							
Is This Pump (circle one): New Repaired Replacement							
Power Type (circle one)							
Electric Diesel Gasoline Natural Gas	Tractor PTO Wir	ndmill Other (<i>describe</i>);					
Horse Power Rating of Motor:	Setting Dep	th: <u>200</u> feet Number	of Stages: 10				
	Pump Test Data	for Non Flowing Well					
Date Well Tested: Duration of Pump Test (minimum 4 hours): hours							
Static Water Level (A): 122 Feet Below Land Surface Pumping Water Level (B): 180 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							
Well yielded 15 GPM with a c	Irawdown of	feet after 4	hours of pumping				
		Installation					
Meter Manufacturer:							
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 state	ments are true to th	e best of my knowledge	<u> </u>				
Repeat & Ratiff D-002 22-11- Id. to the							
Print Name of Pump Installer and Licen	se No. (if applicable	Date Signa	ture of Pump ostailer				
			Form: OLWR-SWR-1B (4/1				



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