State W	/ell Report	
	Driller's Log For Office Use Only:	
Micologiani Doportmo	nt of Environmental Quality Aquifer:	
	nd Water Resources Box 2309 Well #: <u>É (& Z</u>	
	NO 20025	
	961- 5210 L. S. Elevation:	
Date drilling completed: $1 - 12 - 14$ (601)96	1- 5228 (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.		
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: <u>34° 19, 52</u> " Longitude: <u>90° 33, 49</u> ", 4	
Owner Name George Hirshberg	Lantude: <u>J1 / J L</u> Longitude: <u>J0 J0 / I</u>	
	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 1461 Stovall RC		
	USGS quad, (Hand-held GPS, Survey-grade GPS	
$\left(1 + 1 + 1\right)$	SE 1/1 1/1/1/4 Sec 01 Twn 28/ Rng 04/1	
Clarksdale Ms 38614 City State Zip Code		
City State Zip Code	Distance Direction Nearest Town/ Miles	
Telephone No. ()		
Well / Borehole Data		
Date drilling started: 1-12-14 Date drilling completed: 1-12-	Hole depth: 105 Hole diameter: 10	
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Childrine used in drining and deven	opinent.	
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 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		
N. / I		
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: Duck Mole		
If a flowing well, method of flow regulation: Valve Other (describe)		
Static Water Level:		
Method of Measurement (circle one) (steel tape) electric tape air line other:		
Well depth: <u>105</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix		
Casing length:		
Screen length: <u>40</u> feet Screen diameter:inches Type of screen:		
Screen slot size: 0.50 inches Setting depth: From 046 feet to 60 165 feet		
Type of completion (circle all applicable): Gravel-packed Underreamed Telescoped Open hole Natural Development		
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 (04/08)		

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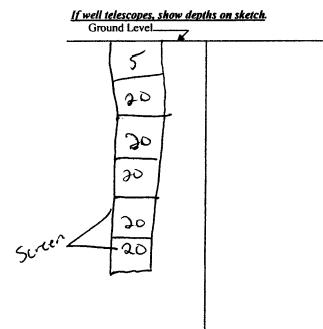
BY OLWR

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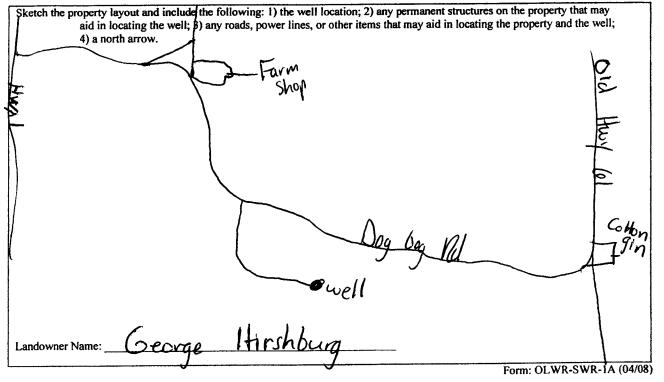
The sketch below only required for water wells



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

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2
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2

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



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. LIVED umper Signature of Licehsce Print Name of Responsible Licensee and License No.

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BY: OLWR

STATE W	ELL REPORT		
County: Coahoma	Part 2	For Office Use Only:	
	er's Completion Report nent of Environmental Quality	Well #: E162	
Driller: <u>Joel Jumper</u> Office of La	nd and Water Resources	Wett #	
Date completed:	.O. Box 2309 n, MS 39225-2309	Aquifer:	
Copy information from block on Part 1	501)961-5210		
·) 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 L	ocation	
Owner Name: George Hirsh berg	Latitude: 34-19-52-Lon	gitude: <u>10-33-49</u>	
Mailing Address: 141015 Stowall 14	Method of Lat/Long (check one)	: Conventional Survey,	
		PS, Survey-grade GPS	
Clarksdale Ms 38/014	<u>SE ¼ N/// ¼, Sec</u>	01 T 381 R 04W	
City State Zip Code	9 Miles NW of	Clarksdall	
Telephone No. ()	(Distance) (Direction)	(Nearest Town)	
Pump Typ	oe (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):			
Date Pump Installed: 1-12-14	lated Pump Capacity:	Gallons Per Minute	
Is This Pump (circle one): New Repaired Replacement			
	oe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Wind			
Horse Power Rating of Motor:	h: <u>LO</u> feet Number	of Stages:	
Pump Test Data for Non Flowing Well			
Date Well Tested: 1-12-14 Duration of Pump Test (<i>minimum 4 hours</i>): hours			
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) - (A)]:			
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 drawdown of	<u>3feet_afterf</u>	ours of pumping	
Meter Installation			
Meter Manufacturer:	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 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 statements are true to the best of my knowledge.			
1001 100000 5317 1-1A-14 Contract 1 10 28 (7000			
Del Jumper 531 1 1-177 Juli J-117 Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pupp Installer (<i>if applicable</i>) Form: OLWR DATE (<i>if applicable</i>) WH			
Form: OLWR WATB (77) BIN AT			