State Well Deport			
County: County: Part 1 -	Driller's Log	For Office Use Only:	
Mississippi Departme	ent of Environmental Quality	Aquifer:	
	Office of Land and Water Resources P.O. Box 2309  Well #:		
Driller: Joel Jackso	Jackson, MS 39225		
	(601)601-5210 (601)061-5239 (fox)		
E-log#			
State Law requires that this report be prepared by the lie	cense holder responsible for t plation of drilling of the well	he 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)	1 311.11 .31	" Longitude: (637,56"	
Owner Name Schmidt Elden	Latitude: 9 7.)[	"Longitude: ( ) / SU"	
Mailing Address: 3190 Reinhart Ru	ailing Address: 390 Remainder Method of Lat/Long (circle one): Conventional Survey		
•		GPS, Survey-grade GPS	
Clarksdalt Ms 38614	118 NI 38614 SIC4 SE 11 Sec 32 Twn 26 N Ring (		
City State Zip Code	Distance Direction	Nearest Town	
Telephone No. ()	Miles 1	of Joseph 1	
Well / Bore	L.I. D.A.		
		2.5	
Date drilling started: 9-8-13 Date drilling completed: 9-8-	Hole depth:	Hole diameter: 1500	
Location of the source of any surface water used for drilling: \( \lambda(\lambda) \) \( \lambda \)			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well   Geotechnical/Geological Investigation   Ground Source Heat Pump			
Seismic Survey Other (describe)			
	Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:		
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: Well grouted to a depth of type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 74 feet Casing diameter:		77	
Screen length: 40 feet Screen diameter: inches Type of screen:			
Screen slot size: 150 inches Setting depth: From & 76 feet to 16 feet			
ype of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Fon of lan nine or reduction in casing: feet If tele	sconed or more than one screen.	describe on next page	

Form: OLWR-SWR-1A (04/08)
RECEIVED

SEP 2 5 2013

The sketch below only	required for	water wells
If well telescopes, sho	w depths on s	ketch.

Ground Level

JL

3.6

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

Description of Formations Encountered	From (depth)	To (depth)
Courrett	Ground Level	3.0
Course O	30	10
Same A	40	CEC
Course ord	lic	7.6
Cherry March	2.0	100
Contac Seal	100	130
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If more than one screen, show location of each on sketch

Landowner Name: Form: OLWR-SWR-1A (04/08)

			Form: OLW	R-SWR-1A (04/08)
I certify that the well/borehole	was drilled, constructe	ed, and completed i	in accordance with all applicable require	ments of the
Mississippi Department of Env	vironmental Quality an	d the Mississippi D	Department of Health regulations, if appl	icable, and state
laws.	5317	9-5-13	Cyall 1-14	RECEIVED
Print Name of Responsible Lic		Date	Signature of Licensee	SEP 2 5 2013
				BY: OIWE

## STATE WELL REPORT

## 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 (601) 360-0535 (fax)

For Office Use Only:	
Well #:	
Aquifer:	

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the L	r well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Schward Eldor	Latitude: 34-4-36 Longitude: <u>90-31-50</u>
Mailing Address: 3190 Krinwith W	Method of Lat/Long (check one): Conventional Survey,
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS, SLU14SE14, SecSJT
Telephone No. ()	Walles E of JuliCall (Direction) (Nearest Town)
Pump Typ	pe (circle one)
Submersible (Turbine) Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):
Date Pump Installed: 9-8-13	Rated Pump Capacity: 3200 Gallons Per Minute
Is This Pump (circle one): (New) Repaired Replacemen	
	pe (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	
Horse Power Rating of Motor: $(\mathcal{Q})$ Setting Depti	h:
Date Well Tested: ————————————————————————————————————	Pumping Water Level (B): 55 Feet Below Land Surface ace Test Pumping Rate: 220 Gallons Per Minute
	a for Flowing Well
Measured shut in head:feet.  Well yielded <u>みその</u> GPM with a drawdown of	feet after
Meter I	nstallation
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 Replacemen	nt
Important: By submitting the above information you are cen For agricultural wells, a list of app	tifying that this meter was installed to manufacturer standards. roved meters is on the MDEQ website.
I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.
	C (213 / // / 22) Com as

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

County: Leannes

Date completed:

Permit #: 6W-40974

Copy information from block on Part 1

Signature of Pump Installer

Form: OLWR-SWR316 (41,13)

L125

