.	1	
County:	Descto	
Permit #:		
Driller: _	Jues w. Mason.	
Date drilling completed: $2-33-13$		

Owner Name: wheeler

Well Owner Information (Landowner if borehole is not for a water well)

Hones

STATE WELL REPORT

Part 1 Driller's Log

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 #: 156		
Aquifer:		
E-Log #:		

Well or Borehole Location

Latitude: 3464656.17 Longitude: 961119.09

Method of Lat/Long (check one): Conventional Survey_

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: 5305 Woikiki cove	Method of Lat/Long (check one): Conventional Survey,			
Maiting Address.	USGS quad, Hand-held GPS, Survey-grade GPS			
Herophone No. $(\frac{90}{})$ 830 ~ 3639	Sw/4/NE 4, Sec_3/ T_3s R W 3'14 Miles Sw of Cub Lake (Distance) (Direction) (Nearest Town)			
Well / Borehole Data Date drilling started: $\frac{7-33-13}{2}$ Date drilling completed: $\frac{314}{2}$ Hole diameter: $\frac{334}{2}$				
Location of the source of any surface water used for drilling	ng: NA			
Method of dosing and volume of Chlorine used in drilling an	nd development: 5 ppm and greater			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one) Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other ((describe) NA			
If drilling is not related to water well co	onstruction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve $\underline{\hspace{1cm}} \hspace{1cm} \nearrow \hspace{1cm} !$	Other (describe)			
Static Water Level: feet [above or below] land surface Date measured:				
Method of measurement (circle one): Steel tape Electric t	tape Air line Other (describe): String weight			
Well depth: 163 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Rentonite Mix				
Casing length: 142 feet Casing diameter: 4 inches Type of casing: 500 C				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: 50 C				
Screen slot size:				
Type of completion (circle all applicable). Gravel packed Underreamed Open hole Natural Development				
Other (describe): NIA				
Top of lap pipe or reduction in casing:feet				
If telescoped or more than one screen, describe on next page				

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

County: De Soto	F	or Office Use	Only:
Permit #:	Well #:	Well #:	
he sketch below only required for water wells	Description of formations encountere	ed must be provided	d for all we
	and boreholes, unless specifically exe	mpted by regulation	ns
well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth
round Level	Clark dist	Ground level	15
	white day	15	35
	grael	35	70
	white soud	70	80
	gravel	80	105
	white send	105	162
			·
 more than one screen, show location of each on sket	tch		
	····		
tch the property layout and include the following: 1) the well location 2) any permanent structures on the property that (3) any roads, power lines, or other items that may	may aid in locating the well aid in locating the property and the well		
4) north arrow	نے ا		
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hiell -			

I 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.

Landowner Name:

5

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

County: Descto Permit #: Driller: Date completed: つー 0つー 13

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309

For Office Use Only:		
Well #:		
Aquifer:		

Copy information from block on Part 1	601)961-5210			
,	1) 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: wheeler Honos	Latitude: 34.46 Sc.17 Longitude: 90°11'19.09			
Mailing Address: 5305 waikiki (auc	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Hernado Ms 3863年 City State Zip Code	5W 1/2 NE 1/4, Sec 31 T 35 R 9W			
Telephone No. $(\frac{830 - 3639}{})$	(Distance) Of Cob Lake (Nearest Town)			
	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well				
Date Pump Installed: 7-33~13	Rated Pump Capacity:(OGallons Per Minute			
Is This Pump (circle one): New Repaired Replaceme				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Wir				
Horse Power Rating of Motor:3/4 Setting Dep	th:feet Number of Stages:			
Pump Test Data for Non Flowing Well				
Date Well Tested: 7-32-13	Duration of Pump Test (minimum 4 hours): _ <u> </u>			
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Sur	face Test Pumping Rate:			
Method of measurement (circle one): Steel tape Electric t	ape Airline Other (describe): String Lueight			
Pump Test Data for Flowing Well				
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of^	feet after _ N hours 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.				
T				
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer Signature of Pump Installer				
Form: OLWR-SWR-1B (4/13)				