	Veli Report	
	Part 1 - Driller's Log For Office Use Only:	
	Mississippi Department of Environmental Quality Aquifer:	
	Office of Land and Water Resources P.O. Boy 10631 Well #: Well #:	
Diner. () Episar () Divi	1.0. Box 10031	
1 4 10 10 10 10 10 10 10 10 10 10 10 10 10)961-5210	L. S. Elevation:
	64-6938 (fax)	E-log #:
	` ′	
State Law requires that this report be prepared by the lie Department at the above address within 30 days of com	ense holder responsible for t pletion of drilling of the well	he work and filed with the or borehole.
Information on Well Owner	Wall on Do	hala I coeffe-
(Landowner if borehole is not for a water well)	310, 26, 26	4" 90° 43' FIUM
Owner Name H. A. Whittington	2/2	Longitude: 5
Mailing Address: Borochfly Rd,	Method of Lat/Long (circle on	Longitude: 60° 43' 51.4" De): Conventional Survey,
3	•	GPS, Survey-grade GPS
no dall creeks as NE 45 NV Sec 32 Twn 6 NR Rng SE		
Mall creeks MS City State Zip Code		Nearest Town
Telephone No. ()	Miles	of
Well / Bor		gr ()
Date drilling started 9-6-9. Date drilling completed:	Hole depth: 135	Hole diameter: 0
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and deve	lopment:	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water WellGeotechnical/Geo	logical Investigation Ground	Source Heat Pump
Seismic Survey Other (describe	e)	
If drilling is not related to water well construction		ock
Purpose of Well (check one): HomeIndustrial Public Suppl	y Irrigation Fish Culture	Other:
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level:feet above or below (circle one)	land surface Date measured:_	3-6-09
Method of Measurement (circle one) steel take electric tape	air line other:	
Well depth: 135 Well grouted to a depth of 10 feet Type	e of grout (circle one) Neat Cem	ent Bentonite Mix
Casing length: 115 feet Casing diameter: 411	inches Type of casing:	Puc
Screen length: 20 feet Screen diameter: 4"	inches Type of screen:	Pvc
Screen slot size: , 010 inches Setting depth: From _	115 feet to 135	feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development
Other (describe):		

Top of lap pipe or reduction in casing: _

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

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e sketch below only required for water wells well telescence, show deaths on sketch	HOM MAY ON MAKE, THE REST, STATE OF THE PARTY OF THE PARTY.	Description of formations encountered must be provided for all walls and horaboles, unless machinally examined by consistings		
Ground Level	Description of Formations Encountered From (depth) To	(depth)		
	Ground Level			
	Clay 0	20		
	c/dy 20	40		
	Clay	100		
	Sandi Lui	110		
	Consesand, 110	135		
				
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If more than one screen, show location of each of the property layout and include the following	1) the well location: 2) any permanent structures on the annual that			
etch the property layout and include the following	1) the well location; 2) any permanent structures on the property that may ower lines, or other items that may aid in locating the property and the well;	w.		
sid in locating the well; 3) any roads, p 4) a north arrow. Bogo Ch. to Rowner Name: H. A. who Hrytun:	1) the well location; 2) any permanent structures on the property that may ower lines, or other items that may aid in locating the property and the well; Well G			
sid in locating the well; 3) any roads, p 4) a north arrow. Bogo Ch. to chowner Name: H. A. what Hay to M.: ify that the well/borchole was drilled, construction.	1) the well location; 2) any permanent structures on the property that may ower lines, or other items that may aid in locating the property and the well; Well's G	NR-1A		
sid in locating the well; 3) any roads, p 4) a north arrow. Boge Ch. to Boge Ch. to Rowner Name: H. A. what Hay to p ify that the well/borehole was drilled, constructing the construction of the construc	Form: OLWR-S) ted, and completed in accordance with all applicable requirements of the mid the Ministrippi Department of Health regulations, if applicable, and st	NR-1A		
sid in locating the well; 3) any roads, p 4) a north arrow. Bogs Ch. to Bogs Ch. to towner Name: H. A. whether the following fy that the well/borehole was drilled, comstruct	Form: OLWR-Sted, and completed in accordance with all applicable requirements of the mid the Ministrippi Department of Health regulations, if applicable, and start of the Ministrippi Department of Health regulations, if applicable, and start of the Ministrippi Department of Health regulations, if applicable, and start of the Ministrippi Department of Health regulations, if applicable, and start of the Ministrippi Department of Health regulations, if applicable, and start of the Ministrippi Department of Health regulations, if applicable, and start of the Ministrippi Department of Health regulations.	WR-1A		

The sketch below only required for water wells

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STATE WELL REPORT

County: Franklin.

Part 2

Pump Installer's Completion Report 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:
Aquif	er.
Well #	K-77
Elevat	ion:

Copy information from block on Part 1 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 Latitude:_ ____Longitude:_ Mailing Address:_ Method of Lat/Long (check one): Conventional Survey___ USGS quad_____, Hand-held GPS____, Survey-grade GPS____ ____ '/4 Sec____ T___ R___ Distance Direction Nearest Town Telephone No. (____) Miles of **Pump Type Power Type** Circle one Circle one Gasoline Engine Air Lift Diesel Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): ___ Other (specify): _ Horse Power Rating of Motor: __ Date Pump Installed: 40-6-09/ Setting Depth: Rated Pump Capacity: Number of Stages: Gallons Per Minute **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Static Water Level (A): _____Feet Below Land Surface Other (specify): __ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____Gallons Per Minute Well yielded _____GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _____hours feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowle

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

Form: OLWR-SWR-1B

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