County: Greene
Permit #:
Driller: Michael S. Havard
Date drilling completed: 11-19-2013

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

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

P.O. BOX 2309 ackson, MS 39225-230 (601)961-5210 (601)360-0535 (fax)

For Office Use Only:				
Well #: # 144				
Aquifer:				
E-Log #:				
•				

Well or Borehole Location

Latitude: 31° 18'3.92" N Longitude: 88°31'38.15" U

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.

Owner Name: Jerry Platt Mailing Address: 2358 Dog Brown Road State Line MS 39362 City State Zip Code Telephone No. (601) 394-7228	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS			
Wall / R	orobolo Data			
Well / Borehole Data Date drilling started: \(\begin{align*} \lambda - -2\cide 3 \\ \dag \) Date drilling completed: \(\begin{align*} \lambda - - 2\cide 3 \\ \dag \) Hole depth: \(\begin{align*} 4\cide 5 \\ \dag \) Hole diameter: \(\begin{align*} \qqq \qqq \qqq \qqq				
Location of the source of any surface water used for drilli				
Method of dosing and volume of Chlorine used in drilling and development: TR Tablet - 191 direct Table				
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 We 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: feet [above orland surface Date measured: (circle one)				
Method of measurement (circle one): Steel tape				
Well depth: 40' Well grouted to a depth of: 12' feet Type of grout (circle one): Neat Cement Bentonite (Mix)				
Casing length: 35' feet Casing diameter: 2' inches Type of casing: PVL 548 BE				
Screen length: 5' feet Screen diameter: 2" inches Type of screen: Puc woP				
Screen slot size:	: From 35' feet to 40' feet			
Type of completion (circle all applicable): Gravel packed Underreamed 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 (4/13)

County: George Permit #:		For Office Use Well #: # 144	Only:
The sketch below only required for water wells	Description of formations en	countered must be provide	d for all wells
- "	and boreholes, unless specifi	cally exempted by regulation	<u>ons</u>
If well telescopes, show depths on sketch.	Description of Formations Enco		To (depth)
Ground Level	Topsand	Ground level	ัร
	Clau wh		15,
	Sand med W	ite 12'	40,
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that ma 3) any roads, power lines, or other items that may aid 4) north arrow Dog Brask	d in locating the property and the we	Mwell Site	
I HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Environment	ed, constructed, and completed in	n accordance with all app	licable n regulations,
if applicable, and state laws.		4/01/1	· · · · · · · · · · · · · · · · · · ·
Print Name of Responsible Licensee and License No	12-03-2013 Date	Signature of Licensee	

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

Michael S. Haused 0-673
Print Name of Responsible Licensee and License No.

STATE WELL REPORT

County: Greorge Permit #: Driller: Michael Date completed: 11-19-2013 Copy information from block on Part 1

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

For Office Use Only:			
Well #: # 144			
Aquifer:			

(601)	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 D	epartment at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Jerry Platt	Latitude: 31°18'3.92" N Longitude: 89°31'38.15" W		
Mailing Address: 2358 Dog Brown Road	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
State Line MS 39362 City State Zip Code	μά 14 NW 14, Sec 19 TYU R RSJ		
	(Distance) Miles (Direction) of Lrakesville (Nearest Town)		
Telephone No. (601) 394-7218	(Distance) (Direction) (Nearest Town)		
Pump Typ	oe (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):		
Date Pump Installed: Gallons Per Minute			
Is This Pump (circle one): Repaired Replacement			
Power Ty	pe (circle one)		
Clectric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):		
Horse Power Rating of Motor: Setting Dept	h: 36 feet Number of Stages: 2		
Pump Test Data for Non Flowing Well			
Date Well Tested: 11-19-2013 Duration of Pump Test (minimum 4 hours): 4 hours			
Static Water Level (A): 5' Feet Below Land Surface Pumping Water Level (B): 10' Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate: 9 Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric ta	Air line Other (describe):		
Pump Test Date	ta for Flowing Well		
Measured shut in head:feet.			
Well yieldedGPM with a drawdown of	feet afterhours 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 Replaceme	ent some of the second of the		
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.			

Michael S. Havard O-C73
Print Name of Pump Installer and License No. (if applicable)

12-03-2013 7014 Date

Signature of Pump Installer

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