	GREEN	
County:	CORYA	
Permit #:_	10205	
Driller: (FIBERT O	CARZ
	g completed: 9-	

State Well Report

Part 1 – Driller's Log
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)

Po	r Office U	e Only:	
	Omit Di		
Aquifer:			
Well #:	D19	15.	
L. S. Eleva	tion:		
E-log #:		100	1

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 comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borchole Location
(Landowner if borehole is not for a water well)	Latitude: 31 ° 26 '08" Longitude 088 30 . 313
Owner Name PHILLIPH TELLEL! 60	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: 1200 West STATELINE	
	USGS quad, Hand-held GPS, Survey-grade GPS
CTATEL AND	NW4 NE 4 Sec 33 Twn 60 Rng 500
STATELINE MS City State Zip Code	Distance Direction Nearest Town Miles WAST of SIBTELINE
Telephone No. () Aya	3 Miles BAST of STATELINE
Well / Bore	
Date drilling started: $9-14-12$ Date drilling completed: $9-14$	$\cancel{2}$ Hole depth: $\cancel{73}$ Hole diameter: $\cancel{9}$
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and develo	108 copelano RD. BuckATuano
Method of dosing and volume of Chlorine used in drilling and develop	opment: 402 HTH Per 1000 GAL WATER
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonie Neutron Other:
Purpose of borehole (check one): Water WellGeotechnical/Geolo	ogical Investigation Ground Source Heat Pump
Seismic Survey_ Other (describe)	
If drilling is not related to water well construction	
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Pish Culture Other:
If a flowing well, method of flow regulation: ValveOt	요한데 하는 남자 요즘 시간에 가는 사람이 되었다. 하는 사람이 하는 사람이 하는 것이 하는 것이 없는 것을 맞았다.
Static Water Level: 25 t feet above or below (circle one) la	and surface Date measured: 7-14-12
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 73 Well grouted to a depth of 20 feet Type	of grout (circle one): Neat Cement Bentonite Mix
Casing length: 63 feet Casing diameter: 4"	inches Type of casing: PVC
Screen length: 10' feet Screen diameter: 4''	
Screen slot size: <u>///</u> inches Setting depth: From _	63 feet to 73 feet
Type of completion (circle all applicable): Gravel packed Undern	earned Telescoped Open hole Natural Development
Other (describe): Se	AND PACK
Top of lap pipe or reduction in casing: Sect. If tele	escoped or more than one screen, describe on next page
	AND

Form: OLWR-SWR-1A



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

Groun	d Level	K	
PVC CASING CH 4 0	->		
1.5 HP PUMP —	→ []		
PVC NOT . 10 SCARE	~		
BACK US VAIN	547	1	

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
TUP SOIL Yellow Clay Fine whitesom	U	a
Yellow Clay	2	13
Rive WHITE SAN	13	18
GRAY CIAY	18	25
GRAY CIAY Fine WHITE SAMP	25	38
GRAY CIAY	38	65
GRAY C/AY MED /COMASE SAND	55	73
		ļ
		<u> </u>
		<u> </u>
	<u> </u>	
		
		_L

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

S	stch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.
	HWY 45
+ 1	Town of STATE Line Dollar Dollar
A PARTIE AND THE PARTIE AND THE PARTIES AND TH	power House
1.	Mest State Line RA adowner Name: PHillip Terrel
L	Form: OI WP SWP.1

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

Print Name of Responsible Licensee and License No.

Gilbert CARR 0.205 9/18/12 A

Signature of Licensee

OCT 2 2 2012

STATE WELL REPORT						
County: URAYO	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality			For Office Use Only:		
Driller: 0.205 Date completed: 9/1	GilBert CAL 18 /12 lock on Part I	Office of I and and Water Resources		Well#: DI9 Elevation: installer. A copy of Part 1 of the		
Owner Name: PH.	d and both parts filed owner Information	ed with the Department u tion Le/	We Latitude: 31 26.08	days of well completion. El Location Longitude: 088 301313 Done): Conventional Survey,		
Augustion of the Control	Teline State	Zip Code	USGS quad, Hand-hel	d GPSX, Survey-grade GPS T GN R 5 W		
	Pump Type Circle one		E .	ower Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine Gasol	line Engine Natural Gas		
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal	Rotary	Flowing Well		r (specify):		
Other (specify): Date Pump Installed:			Horse Power Rating of Moto Setting Depth:	or:		
Rated Pump Capacity:	27	Gallons Per Minute	Number of Stages:			
Date Well Torted	Pump Test Data			leasuring Water Level Circle one		
Date Well Tested: 9-18-12 Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): 566 Feet Below Land Surface			easuring Line Steel Tape			
Drawdown [(B) - (A)]: 35 Feet Below Land Surface		-	shut in head:feet			
1	Test Pumping Rate: 35 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 45 hours			Well yielded 30 GPM with a drawdown of grant feet after 4.5 hours of pumping		
		•				

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

Signature of Pump Installer

Form: OLWR-SWR-1B

