	STATE WELL	REPORT	For Office	•
County: Holmes	- Part 1			68
Permit #: GW-47655	Driller's L Mississippi Department of Er		Aquifer:	
Driller: Irrigation Equipment	Office of Land and Wat	er Resources	E-Log #:	
Date drilling completed: 08/29/2013	P.O. Box 23 – Jackson, MS 392			
	(601) 961-52	10		
	(601) 360-0535	、 ,		
State Law requires that this repo Department at the above address	rt be prepared by the license ho within 30 days of completion	lder responsible f defiling of the y	or the work and fi will or horehole	led with the
Well Owner Infor		Well or	Borehole Location	
(Landowner if borehole is no				
Owner Name: USFWS	Latitud	e: 33 12' 17.6 N	Longitude: 90	11 04.2 W
Mailing Address: 1562 Providence	Road Method	of Lat/Long (check	one): 🔲 Conventio	onal Survey,
				made CDC
		SS quad, 🖂 Hand-h	eld GPS, 🔲 Survey-	grade GPS
Cruger Ms			4, Sec <u>34</u> T <u>16 N</u> R <u>1</u>	E
	itate Zip code	NE SW	hoset	Tchula
Telephone No. () -	(Dis		theast of of(Nea	arest Town)
	Well / Borehole D	-4-		
Name of organization running log(s): Purpose of borehole (check one): X		ological Investigatio	n 🔲 Ground Sourc	ce Heat Pump
_	related to water well construction		nder of this block	
Purpose of Well (check all applicable)				
Other (describe):	Construction of the Constr			
If a flowing well, method of flow regula	tion: Valve Othe	(describe)		
Static Water Level:	_ feet [above or] below] land s (check one)	urface Date m	easured:	
Method of Measurement (check one)	🗌 Steel tape 🗌 Electric tape 🗌 Air	line 🗌 Other: (desc	ribe)	
Well depth: 96 Well grouted to	o a depth of: <u>10</u> feet Type of	of grout (check one):	🗆 Neat Cement 🛛	Bentonite 🛛 Mix
Casing length: 67 fee	et Casing diameter: 16	inches Type	e of casing: PVC	·····
Screen length: 28 fee	et Screen diameter: 16	inches Type	e of screen: PVC	
Screen slot size: .050	_ inches Setting depth: From	68	feet to 96	feet
Type of completion (check all applicat	ole): 🛛 Gravel packed 🗋 Underrear	ned 🔲 Open hole 🛛] Natural Developme	nt
Other (describe):				
Top of lap pipe or reduction in casing:	Feet			3 7 ORV
If	telescoped or more than one screen	describe on next i	1111 P	

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

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F	For Office Use Only:
Well #:	H68

The sketch below only required for water wells

If well telescopes, show depths on sketch.

County: Holmes Permit #: GW-47655

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Ground level	?

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)
Clay	Ground level	67
Medium Sand & Gravel	68	96
·		

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

1) the well locati 2) any permane	nt structures on the property that ma wer lines, or other items that may ai	y aid in locating the well d in locating the property ar	nd the well
			RECEIVED
			001 . d 245
			BY: OLMP
Landowner Name:	USFWS		
I HEREBY CERTIFY requirements of the M if applicable, and stat		onstructed, and completed intal Quality and the Mississ	Form: OLWR-SWR-1A (04/08) n accordance with all applicable sppi Department of Health regulations,
Patrick Chism	0695	08/30/2013	2
Print Name of Respo	onsible Licensee and License No.	Date	Signature of Licensee Form: OLWR-SWR-1A (4/13)

County: Part 2 Permit #: GWD-0 \$53.1 Detents: Pump Installer's Completion Report Mississippi Department of Environmental Quality Well #: HcE Detter completed: P.O. Box 2309 Aquifer: HcE Detter completed: P.O. Box 2309 Aquifer: HcE Copy Information from block on Part 1 Office of Land and Water Resources P.O. Box 2309 Aquifer: HcE Copy Information from block on Part 1 Office of Island and Water Resources P.O. Box 2309 Aquifer: HcE Copy Information from block on Part 1 Office of Land and Water Resources P.O. Box 2309 Aquifer: HcE Optime report must be completed by a licensed water well contractor or a licensed pump insteller. A copy of Part 1 Aquifer: HcE Of the report must be completed by a licensed water well contractor or a licensed pump insteller. A copy of Part 1 Aquifer: Hce Office Teleption Rome: MDERSon CalSTRuctor Latitude: 33°/2: 1716 Longitude: 90°/1! 04/2 L Well Owner Information Well Location Well Location Well Construction of the report must be completed by a licensed pump insteller. A copy of Part 1 Waterest Down State Z
Prime Anstaller's Completion Report Driller: Gub - O 55.3.1 Date completed:
Unite::::::::::::::::::::::::::::::::::::
Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax) Aquifer:
Copy Information from block on Part 1 (601)961-5210 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 perts filed with the Department at the nbove address within 30 days of well completion. Well Owner Information Owner Name: ANDERSON Councer Name: ANDERSON Councer Name: ANDERSON Councer Name: ANDERSON Councer Name: ANDERSON Construction Uses Mailing Address: Z22 Club Advices Z10 City State State Zip Code This pump Type (circle one) Submersible Outplace Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 9-6-13 Rated Pump Capacity: Z50 O Submersible New Repaired Replacement Power Type (circle one) Gasoline New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Base Tractor PTO Windmill Other (describe):
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 nbove address within 30 days of well completion. Well Owner Information Well Location Owner Name: ANDERSON CONSTRUCTION Mailing Address: ZZZ CLUMAN LANE Well Owner Information USGS quad Hand-held GPS Survey-grade GPS VA200 CTTV DIS 39194 USGS quad Hand-held GPS Survey-grade GPS VA200 CTTV DIS 39194 USGS quad Hand-held GPS Survey-grade GPS VA200 CTTV DIS 39194 USGS quad Hand-held GPS Survey-grade GPS VA200 CTTV DIS 39194 USGS quad
Owner Name: $MDSESSON$ $CONSTRUCTION$ Latitude: $33^{\circ}/2 \cdot 7.6$ Longitude: $90^{\circ}/1 \cdot 04.2^{\circ}$ Mailing Address: $Z22$ $CLUDMN$ $LANE$ Wethod of Lat/Long (check one): Conventional Survey
Mailling Address: ZZZ_CLUMAN (ANE Wethod of Lat/Long (check one): Conventional Survey
VA200 CITY IIS 3919V City State Zip Code Telephone No. (de2) 571 - 30 9V (Distance) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
City State Zip Code Telephone No. Code Z'/2_Miles NE of Telephone Telephone No. Code State Zip Code Z'/2_Miles NE of Telephone Pump Type Circle one Corcle one
Pump Type (circle one) (Direction) (Nearest Town) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe);
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe);
Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Power Type (circle one) Electric Diese Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Pump Test Data for Non Flowing Well
Date Well Tested: Duration of Pump Test (minimum 4 hours): hours
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Pump Test Data 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:
s 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.
DAUED P. HOLT O-752P 9.25-13 Jan Holt
Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer Form: OLWR-SWR-18 (4/13)
Form: OLWR-SWR-18 (4/13)