	¬ State Well Report		
County: Issaquena	Part 1 – Driller's Log		
Permit #: NA	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)		
Driller: UNR-7226			
Date drilling completed: 12/20/15			
	→ ort be prepared by the license holder responsible f ss within 30 days of completion of drilling of the w		
Information on Well	Owner Well or		
(Landowner if borehole is not Owner Name USACE Vicksbui	* 1 32 .40 .U		
4455.0104	Mathad of Lat/Lang (airel		

For Office Use Only:	_
Aquifer:	
well #: <u>C 8 8</u>	
L. S. Elevation:	
E-log #:	

sible for the work and filed with the of the well or borehole. Well or Borehole Location 8 , 02 <sub>" Longitude:</sub> 91 , 07 , 18 " ng (circle one): Conventional Survey, Mailing Address: 4155 Clay Street USGS quad, Hand-held GPS, Survey-grade GPS sw  $_{1/4}$  NE  $_{1/4}$  Sec 5  $_{Twn}$  11N Vicksburg MS 39180 State Zip Code Direction Nearest Town Distance Telephone No. ( 601 ) 631-5000 Miles WEST of Rolling Well / Borehole Data Date drilling started: 11/20/15 Date drilling completed: 12/20/15 Hole depth: 90' Location of the source of any surface water used for drilling: NONE Method of dosing and volume of Chlorine used in drilling and development: 10 GALLONS OF BLEACH POURED INTO H20 HOLDING CONTAINER Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) RELIEF WELL If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: RELIEF WELL If a flowing well, method of flow regulation: Valve NONE Other (describe) Static Water Level: 11' BELOW feet above or below (circle one) land surface Date measured: Method of Measurement (circle one) steel tape electric tape air line other: Well depth: 88' \_\_\_ Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement entonite Mix Casing length: 18' Casing diameter: 8" Type of casing: SS feet inches Screen diameter: 8" Screen length: 70' Type of screen: SS feet inches Setting depth: From 87 Screen slot size: .020 inches Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: NONE feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (04/08)

From (depth) To (depth)

Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered

			Average Strata in area CLAY		0'	5'
		:	Average Stata in area Clayey Silt		5'	20'
		<u></u>	Average Stata in area Sand		20'	90'
			###Relief Wells 5-16###			
			ere are a total of 16 Relief Wells of			
		Relief Wells 1	4, north to south, have the same length so	reen and riser		
						<u> </u>
						-
						<u> </u>
						<b></b>
				•		<u> </u>
i						
				1		
If more than one screen, sl	havy logation of anch on al	ratah				
ii more than one sereen, si	now location of each on si	CECH				
4) a north arrow. SEE ATTACHED MA	P					
Landowner Name:						
					DLWR <b>-</b> SWR-1A	
certify that the well/borehole						
Mississippi Department of Env	ironmental Quality and	the Mississippi De	partment of Health regu	ılations. if	applicable, and	l state
aws.		••	_	,		
Joel Miller	,	01/13/16	Joel Miller	Digitally algored by Jo Dis con- and table -	d Miller Riversity Cacethodge Company on 1975	
JOG. HING		71113/10	JOCI MIIIIGI	Construction Compa Date 2015 07 21 08	il folion Generatis Construction Company Inc., our Breasts y Inc., annal-Swensdemäter Ziggmad com, c.H.S. N. St. 60007	-
Print Name of Responsible Lice	ensee and License No.	Date	Signature o	f Licensee		

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level.

County:	Washington
	<sub>#:</sub> na
	UNR-7226
	mpleted: 12/20/15
Conv in	formation from block on Part 1

## STATE WELL REPORT Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
Well #:		

Driller:		Office of	P.O. Box 2309 Well #:		
Date completed:	12/20/15	J	Jackson, MS 39225 Elevation:		
			(601)961-5210 601)961-5228 (fax)		
	from block on Part 1	1			
			r well contractor or a licensed pump installer. A copy of Part 1 of the treet at the above address within 30 days of well completion.		
	Well Owner Informa		Well Location		
Owner Name: U	SACE Vicksburg	District	Latitude: 32 48 02 Longitude: 91 07 18		
Mailing Address: 4155 Clay Street			Method of Lat/Long (check one): Conventional Survey,		
			USGS quad, Hand-held GPS, Survey-grade GPS		
	Vicksburg MS		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City State	Zip Code	Distance Direction Nearest Town		
Telephone No. (	601 <sub>)</sub> 631-5000		14 Miles WEST of Rolling Fork		
	Pump Type		Power Type		
	Circle one		Circle one		
Air Lift	Jet	Submersible	Diesel Engine Gasoline 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 Instal	lled:		Setting Depth:feet		
Rated Pump Cap	acity:	_Gallons Per Minut	te Number of Stages:		
	D T . D .				
Date Well Tested	Pump Test Data		Method of Measuring Water Level Circle one		
	el (A):Fee	t Below Land Surfa	Air Line Electric Measuring Line Steel Tape		
	Level (B):Feet		Other (specify):		
Drawdown [(B) -		t Below Land Surfac			
		_			
Test Pumping Ra	ate:	_Gallons Per Minut	te Well yieldedGPM with a drawdown of		
Duration of Pum	p Test (minimum 4 hours)	hourhour	rshours of pumping		
This is for (	circle one): New Well	Replacement	of Existing Pump Repair of Existing Pump		
I HEREBY CER	TIFY that the above states	nents are true to the			
Iool Millor	LIND 7006		Digitally signed by Joel Miller DN: cn=Joel Miller, on=Riverside Construction Company Inc., ou=Riverside		

Joel Miller UNR-7226

Joel Miller

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

Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)