	STATE V	WELL REPORT			
county: Jackson		Part 1	For Office Use Only:		
_	Driller's Log		Well #: <u>E 230</u>		
Permit #:	Mississippi Department of Environmental Quality		Aquifer:		
Driller: WASTV	Office of Land and Water Resources P.O. Box 2309		E-Log #:		
Date drilling completed: 11-3-11	•	on, MS 39225-2309	E-LOG #.		
(601)961-5210					
	(601)360-0535 (fax)			
State Law requires that this report Department at the above address w	be prepared by the lithin 30 days of con	license holder responsible for t npletion of drilling of the well (he work and filed with the or borehole.		
Well Owner Informati	ion	1,	hole Location		
(Landowner if borehole is not for	a water well) Latitude: 30°35'36'96'6		ngitude: 88 44 35.16"		
Owner Name: MATTHEW NA	cwtor I				
Mailing Address: Indian 1	Method of Lat/Long (check one		1		
maining Address.		USGS quad, Hand-held G	PS, Survey-grade GPS		
11.0-1	2 051 -	SENE SESW, Sec	24 T 55 R 8W		
varicleave, 1118;	09565	ł			
City State	Zip Code	5_Miles NW	1 Vancterne		
Telephone No. 208 252-259	81	(Distance) (Direction)	(Nearest Town)		
		orehole Data			
Date drilling started: 11-3-11 Date Location of the source of any surface whethod of dosing and volume of Chloridate Name of C	water used for drilling a	ng: NA nd development: galler 10	00. Srilling agalin well		
Logs run (circle all applicable): No log r	Electric Gamr	ma Ray Density Sonic Neutro	on Other:		
Name of organization running log(s):					
Purpose of borehole (circle one): Water		ical/Geological Investigation	Ground Source Heat Pump		
	•	(describe)			
If drilling is not rel	lated to water well c	construction, skip the remainde	r of this block		
Purpose of Well (circle all applicable):	Home Industrial	Public Supply Irrigation	Fish Culture NOV 28		
Other (describe):			WOA V		
If a flowing well, method of flow regu	lation: Valve	Other (describe)			
Static Water Level: 40fee	et [above or below (circle one)	land surface Date measure	d: 11-3-17		
Method of measurement (circle one):	Steel tape Electric	tape (Air line) Other (describe):		
Well depth: 133 F Well grouted to					
Casing length: 122 feet (asing diameter:	a inches Type of	casing: PVC		

Type of screen:

Natural Development

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

feet to

Open hole

inches

Underreamed

Screen diameter: _

Setting depth: From

_feet

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

Screen length: ________

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing:

Screen slot size:

Other (describe):_

Permit #:		1		Only:
, ·		Well #:	E 230	<u>) </u>
The sketch below only required for water wells	Description of formations enc	countered i	nust be provided	d for all wells
f well telescopes, show depths on sketch.	and boreholes, unless specific	cally exemp	ited by regulation	<u>ons</u>
round Level	Description of Formations Encou	intered	From (depth) Ground level	To (depth)
Tourio Levet	TOPSOIL			35
	brown leatses	240	35	55
	Orange and White.		55	105
	Proun Coarse. S	and	705	133
	Grown .			
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f more than one screen, show location of each on sketch	•		<u> </u>	
				
tetch the property layout and include the following:			1	1
1) the well location			\	
2) any nermanent structures on the property that may a	id in locating the well	1		
 1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid if 4) north arrow 	id in locating the well n locating the property and the well	l		
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any permanent structures on the property that may a any roads, power lines, or other items that may aid if north arrow	n locating the property and the well		Huer	RECEIVED NOV 28 2017 BY OLIVIE
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STATE WELL REPORT

County: Date completed:

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 (601) 360-0535 (fax)

For Office Use Only:				
Well #:				
Aquifer:				

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 Location Vell Owner Information 5'36.96'Longitude: <u>D88°44'35</u> Method of Lat/Long (check one): Conventional Survey Mailing Address: Hand-held GPS Survey-grade GPS (Distance) (Direction) (Nearest Town) Telephone No. (Pump Type (circle one) Air Lift Centrifugal Flowing Well (Jet Piston Rotary Other (describe): Submersible Turbine Rated Pump Capacity: ____ Date Pump Installed: Gallons Per Minute Repaired Replacement Is This Pump (circle one); New Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: 60 FT Dt feet Number of Stages: Horse Power Rating of Motor: **Pump Test Data for Non Flowing Well** J9-Duration of Pump Test (minimum 4 hours): Date Well Tested: N/A Feet Below Land Surface Pumping Water Level (B): _ __ Feet Below Land Surface Static Water Level (A): Test Pumping Rate: _ **Gallons Per Minute** Feet Below Land Surface Drawdown [(B) - (A)]: _ Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: _ feet. GPM with a drawdown of hours of pumping Well vielded_ feet after **Meter Installation** AMeter Serial Number: _____ Meter Manufacturer: Type of Meter:____ Meter Model Number/Name: _ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____ Meter installed by: _ Installation Date: ___ Repaired Replacement Is This Meter (circle one): New 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 kno	owledge.
Jack Ridade II 0-472 Print Name of Pump Vistaller and License No. (if applicable)	11/29/	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump (staller
		// Form: OLWR-SWR-1B (4)