STATE WELL REPORT
For Office Use Unly:
Driller's Log Well #: 1 / 1 / 2
ermit #: Mississippi Department of Environmental Quality
riller: COSHWA ter Well SV Office of Land and Water Resources P.O. Box 2309 E-Log #:
ate drilling completed: Jackson, MS 39225-2309
(601)961-5210 (601)360-0535 (fax)
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.
Well or Borehole Location Well or Borehole Location
(Landowner if borehole is not for a water well) Latitude: 30°.34′ 12,12 Longitude: 088° 43' 58.86″
Phtrick IIIIFONU
Mathan Road Method of Latricing (check one). Conventional survey
USGS quad, Hand-held GPS, Survey-grade GPS
Vancleave M = 395/05 5w 1/4 Nully, Sec. 31 T.5 5 R.7 W
Vancleave, M.S. 39565 City State Zip Code 4 Hilder NW of VAncleave
Miles of the officer
Telephone No. 008 282-2143 (Distance) (Direction) (Nearest Town)
Well / Borehole Data
Date drilling started: 3-19-15 Date drilling completed: 3-19-15 Hole depth: 140FT Hole diameter: 2"
Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development: Igal per 1000 brilling Jgal in Well
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 Well) 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: 45 feet [above or below] and surface Date measured: 3-19-15
Static water Level: Toteet [above of [below] ton surface but measured
Method of measurement (circle one): Steel tape Electric tape Air line "Other (describe):
Well depth: 140 F Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 130_feet Casing diameter:inches Type of casing:
Screen length: <u>16</u> feet Screen diameter: <u>2</u> inches Type of screen: $\frac{\rho_{VC}}{\rho_{VC}}$
Screen slot size: <u>000</u> inches Setting depth: From <u>130</u> feet to <u>140</u> 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 (4/1

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County:	Juc	KSON	<i>J</i>
Permit #	:		

For Office Use Only:	
For Office Use Only: Well #: <u>F495</u>	
free #	

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

f well telescopes, show d	<u>epins on sheicn</u> .	Description o	f Formations Encountered	ed From (depth)	To (depth)
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		Oran ye	Control Sc	nd 970	1/15
		prange	Course Op		+ 140
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more than one screen, sho	w location of each on ek	etch	<u> </u>	<u>l</u>	.1
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STATE	WELL REPORT				
County: Jackson	Part 2	For Office Use Only:			
Pump Insta	ller's Completion Report	Well #: <u>F495</u>			
	rtment of Environmental Quality Land and Water Resources	Well #:			
Date completed: 3-19-15	P.O. Box 2309 kson, MS 39225-2309	Aquifer:			
Copy information from block on Part 1	(601)961-5210	·			
(6	01) 360-0535 (fax)				
This part of the report must be completed by a licensed wa of the report must be attached and both parts filed with the	ter well contractor or a licensed pur Department at the above address w	np installer. A copy of Part 1 within 30 days of well completion			
Well Owner Information	· Well L	ocation .			
Owner Name: Hatrick Mutphy	Latitude: 30°34'12.121.01	gitude:088°43′ <u>58.86</u> ″			
Mailing Address: <u>PlantationKoAD</u>	Method of Lat/Long (check one				
the off a scele		PS, Survey-grade GPS			
Vancleave, MS 39565 City State Zip Code	-	<u>31 T SS R 7W</u>			
Telephone No. (208) 282 - 2743	<u> </u>	(Nearest Town)			
Telephone No. (200) (CX US - Chill)	(Distance) (Direction)	(Nearest Town)			
International statements and the statement of the stat	Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing We					
Date Pump Installed: 3-19-15	Rated Pump Capacity:	.3Gallons Per Minute			
Is This Pump (circle one): New Repaired Replacen					
r a	Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO V		_ 1			
Horse Power Rating of Motor: 1 HP Setting D	epth: <u>(OFT DF</u> feet Number	of Stages:			
	ta for Non Flowing Well	4			
Date Well Tested: 3-19-15	Duration of Pump Test (minim	um 4 hours): <u>412</u> hours			
Static Water Level (A): 45 Feet Below Land Surfa					
Drawdown [(B) - (A)]:NAFeet Below Land S	urface Test Pumping Rate:	8 Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):_				
	Data for Flowing Well				
Measured shut in head:feet.	114				
Well yieldedGPM with a drawdown of	feet after	hours of pumping			
Mete	er Installation				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	NA 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 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.					
Tack Ridadell 0-172	3/20/15 <	and Reference			
Print Name of Pump Installer and License No. (If applicat	Rej Daus Signa	ture of Pump Ifstaller Form: OLWR-SWR-1B (4/13)			
		MAR 2 9 2013			

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BY OWE