·	STATE WELL REPORT	<u> </u>
County Afaye 112	Part 1	For Office Use Only:
Permit #:	Driller's Log Mississippi Department of Environmental Quality	Well #: <u>C 24</u>
Driller: Leeper Dr. 11ing	Office of Land and Water Resources	Aquifer:
Date drilling completed: 6-14-13	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:
	J (601)961-5210 (601)360-0535 (fax)	
State I am requires that this renorm	t be prepared by the license holder responsible for t	ha work and filed with the
	within 30 days of completion of drilling of the well	
Well Owner Informat (Landowner if borehole is not for		ehole Location
AA A	Bos T Asm Latitude: 3/ 13.45 Lor	ngitude: (9 3) 379
Owner Name: MATY BOST	Method of Lat /Long (check one	رمر برای): Conventional Survey,
Mailing Address: 244 CR	USGS quad, Hand-held G	PS . Survey-grade GPS
well#		105
City / Alley MS City / State		a .
Telephone No. (662) 801-9	Miles 3 W	(Nearest Town)
Tetephone No. (2007)	(Sisteries) (Sisteries)	
£ 5	Well / Borehole Data	.t
	e drilling completed: $(6-14-13)$ Hole depth: (73)	
	water used for drilling: Well water 4	
Method of dosing and volume of Chlor	ine used in drilling and development:	Solution > sppm
Logs run (circle all applicable): No log	run Electric Gamma Ray Density Sonic Neutro	on Other:
Name of organization running log(s):		20.000
Purpose of borehole (circle one): Wate	r Well Geotechnical/Geological Investigation	Ground Source Heat Pump
Seisn	nic Survey Other (describe) /Ruck Cro	p Trigation
If drilling is not re	lated to water well construction, skip the remainde	r of this block
Purpose of Well (circle all applicable):	Home Industrial Public Supply Irrigation	Fish Culture
Other (describe):		
	llation: Valve Other (describe)	
Static Water Level:fee	et [above or below] land surface Date measure (circle one)	d: 6-15-13
Method of measurement (circle one):	Steel tape Electric tape Air line Other (describe):
-	a depth of: 10 feet Type of grout (circle one)	\
Casing length:feet (Casing diameter: 4 " inches Type of	casing: PVC
Screen length: 20 feet	Screen diameter: 4 inches Type of	screen: PVC
Screen slot size: • 6 6 inches	s Setting depth: Fromfeet_t	o <u>73</u> feet
Type of completion (circle all applicab	old: Gravel packed Underreamed Open hole	Natural Development

__feet

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

Other (describe):_

Top of lap pipe or reduction in casing:

BY: OLWR

County:	Lafayette
Permit #:	·

For Office Use Only:

Form: **OUWR-SWR-1A** (4/13)

Well #: <u>024</u>

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

-48ft =

STATIC

OF DESCREEN

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	16
RepSqud	10	20
CUARSESAND	2.	50
LIATER READ DE		<u>-</u>
WATER BEARING SAND	50	73
		-
	-	

If more than one screen, show location of each on sketch	
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in 3) any roads, power lines, or other items that may aid in log 4) north arrow House House	n locating the well rating the property and the well
	2 369
Landowner Name: MAR Ly Bos 7	
if applicable, and state laws.	structed, and completed in accordance with all applicable ital Quality and the Mississippi Department of Health regulations, Date Signature of Licensee

STATE WELL REPORT

County:

Permit #: Driller:

Date completed: (

Copy information from block on Part 1

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

Part 2

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 #: 024				
Aquifer:				

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 completi	on.			
Well Owner Information • Well Location				
Owner Name: MATY BUST Latitude: 34 13.645 Longitude: 49 31 579	_			
Mailing Address: 244 CR 369 Method of Lat/Long (check one): Conventional Survey	_,			
USGS quad, Hand-held GPS, Survey-grade GPS	1			
USGS quad, Hand-held GPS, Survey-grade GPS	2			
Pump Type (circle one)				
Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: Gallons Per Mir	ute			
Is This Pump (circle one): New > Repaired Replacement				
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	-			
Horse Power Rating of Motor: 1 H Setting Depth: 65 feet Number of Stages: 10				
Pump Test Data for Non Flowing Well				
Date Well Tested: Duration of Pump Test (minimum 4 hours): ho	urs			
Static Water Level (A): 4 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surf	ace			
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Min	ute			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Pump Test Data for Flowing Well				
Measured shut in head:feet.	1			
Well yieldedGPM with a drawdown offeet afterhours of pumping				
Meter Installation				
Meter Manufacturer: Meter Serial Number:	— I			
Meter Model Number/Name: Type of Meter:	_			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):	- 1			
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.	泪			

Date

Signature of Pump Installer