STATE WELL REPORT					
county: Lamar		Part 1	For Office Use Only:		
Permit #:	Driller's Log Well #: 3373				
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources  Aquifer:		Aquifer:		
Date drilling completed: 1-27-15	ţ	P.O. Box 2309	E-Log #:		
Date drilling completed: 18713		on, 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 Owner Informati	ion	31' U O Well or Bor	ehole Location89' 33' 10"		
(Landowner if borehole is not for	4	Latitude: 31 06.004 Lo	06.004 Longitude: 089°33, 172		
Owner Name: Ella McD	Method of Lat/Long (check one): Conventional Survey		e): Conventional Survey,		
Mailing Address:					
30 Bto Thompson Rd. USGS quad, Hand-held GPS, Survey-grade GPS_					
Lumbration MS 39455 DE 1/4 Sec 0/3 TOIV R 164			_		
	City State Zip Code 10 Miles W of Purvis				
Telephone No. ( <u>601)</u> 796-2	<u>350</u>	(Distance) (Direction)	(Nearest Town)		
	Well / B	orehole Data			
Date drilling started: 1-27-15 Date drilling completed: 1-27-15 Hole depth: 100' Hole diameter: 76'					
Location of the source of any surface water used for drilling: <u>Punning</u> Creek					
Method of dosing and volume of Chlorine used in drilling and development: granule Chlorine					
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		ical/Geological Investigation	Ground Source Heat Pump		
		(describe)			
If drilling is not rel	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 FEB 2 3 2015					
Other (describe):					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 60 feet [above of below] land surface Date measured: 1-27-15					
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):					
Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 50 feet Casing diameter: 4 inches Type of casing: DVC					
Screen length:					
Screen slot size: Setting depth: From Feet to 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 (4/13)

County:Permit #:			For O	Office Use (	Only:
The sketch below only re	quired for water wells	Description of formations enc			
If well telescopes, show a	lepths on sketch.	Description of Formations Encou		om ( <i>depth</i> )	To (depth)
Ground Level				round level	1
			lay	45	100
		500	7a	7.7	100
	-				
					· · · · · · · · · · · · · · · · · · ·
					<del></del>
		***************************************			
If more than one screen, sho	w location of each on sketch				
Sketch the property layout ar 1) the well location 2) any permanent structi 3) any roads, power lines 4) north arrow	ures on the property that may aid	d in locating the well locating the property and the well		State gray or	hazar a
\				rit ()	EWED
1		the souly		FEB 2	<b>3</b> 2015
\		al souls			
\		M		BY:	LVVE
9		8			
#4	) baxterville	-Purvis Rd.	_	•	
Landowner Name: <u>F11</u>	a McDaniel				
I HEREBY CERTIFY that the requirements of the Missis: if applicable, and state law	sippi vepartment of Environit	onstructed, and completed in a nental Quality and the Mississip	accordance w pi Departmer	rith all applic nt of Health i	able egulations,
Print Name of Responsible	0005889 Clicensee and License No.	0-18-15 Jan Date	Signature of	Licenseé	

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

## STATE WELL REPORT

## Part 2

## **Pump Installer's Completion Report**

(601) 360-0535 (fax)

Lamas County: \_\_\_ Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources Date completed: 1-27-15 P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 Copy information from block on Part 1

For Office Use Only: Well #: 7373	
Aquifer:	

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.				
Well Owner Information	3/16 0" Well Location 89.3 33' 10"				
Owner Name: Ella McDaniel	Latitude: 31°06.004 Longitude: 089°33.172				
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
32 B40 Thompson Rd. Lumberton MS 39455	USGS quad, Hand-held GPS, Survey-grade GPS ¼¼, Sec5_ T R R				
City State Zip Code	10 Miles W of Purvis				
Telephone No. ( <u>601)</u> 796-2356	(Distance) (Direction) (Nearest Town)				
Pump Ty	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 1-27-15 Rated Pump Capacity:					
Is This Pump (circle one): New Repaired Replaceme	nt				
	pe (circle one)				
Clectric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):  Horse Power Rating of Motor:  Setting Depth:  Setting Depth:  Setting Depth:					
Horse Power Rating of Motor: Setting Dept	th: <u>00</u> feet Number of Stages: <u>7</u>				
Pump Test Data for Non Flowing Well					
Date Well Tested: 1-27-15 Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): 6 Feet Below Land Surface Pumping Water Level (B): 6 Feet Below Land Surface					
Drawdown [(B) - (A)]: 65 Feet Below Land Surface Test Pumping Rate: 18 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:					
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.					
I MEKEDI CEKTIFT tilat tile above statements are tide to the best of my knowledge.					

Print Name of Pump Installer and License No. (if applicable) 00005784

2.18.15 Danies Date

Signature of Pump Installer

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