### 08-15-2019 By OLWR

#### STATE WELL REPORT

# County: Landerdale Permit #: Driller: Daw d We 5+ Date drilling completed: 8-8-3019

Part 1 riller's Log

Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

Jackson, MS 39225-2309 (601)961-5555 (601)961-5228 (fax)

For Office Use Only:		
Well #:	R81	
Aquifer:		
E-Log #:		

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 Information	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 32.302110 Longitude: -88.773086	
Owner Name: Carolyn McDade		
Mailing Address: 4874 Mc Oade Rd.	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
M . N . M . DG - Of .	NE 1/4 SW 1/4, Sec 04 T 05N R 15E	
Meridian M5 39307-Colo State Zip Code		
Telephone No. (601)483-5946	(Distance) (Direction) (Nearest Town)	
Telephone No. (1601) 100 5 110	(bistuice) (birection) (wediest rown)	
Well / B	orehole Data	
Date drilling started: 2-9-3014 Date drilling completed	8-8-2014 Hole depth: 300 Hole diameter: 62	
Location of the source of any surface water used for drilli	ng: CommunityWater	
Method of dosing and volume of Chlorine used in drilling a	and development: 165550 FPM	
Logs run (check all applicable): \(\int\lambda\text{log run}\) Electric \(\int\text{am}\)	ma Ray Density Sonic Neutron Other:	
Name of organization running log(s):		
Purpose of borehole (check one): Water Well Geotechr	ical/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 (check all applicable): Home Industri	atPublic Supply[irrigation(irish Culture	
Other (describe):		
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: 80 feet above on be (check one)	low] land surface Date measured: \$30014	
Method of measurement (check one) Steel tape Electric	(	
Well depth: 300 Well grouted to a depth of:	feet Type of grout (check one) Neat Cement Bentonite Mix	
Casing length: <u>abo</u> feet Casing diameter: _	☐ Hinches Type of casing: PVC	
Screen length:feet Screen diameter:	inches Type of screen:	
Screen slot size:inches Setting dept	h: Fromfeet tofeet	
Type of completion (check all applicable) ravel packed	Underreamed Open hole Natural Development	
Other (describe): Open 200-3006+		
Top of lap pipe or reduction in casing:fee		
If telescoped or more than	n one screen, describe on next page	

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

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	F	or	Offic	e Use	Only:	
Well	#:	F	R81			

The sketch	helow	onto	rennired	for	water wells
THE SKELLIL	UELUN	OILLY	requireu	101	WATEL MELLY

If well telescopes, show depths on sketch.

Ground	Level	

Permit #: \_\_

County: Landerdale

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

Description of Formations Encountered	From (depth)	To (depth)
Sandyclay	Ground level	13
Sand	13	4A
Clay	92	140
Sand I Clay Streams	140	195
Sand - Fire	195	220
Clay Isand Strong	390	249
Sand- Fine	247	361
Sand- Fine Medium	196	284
Clay	784	300
/		

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:		
1) the well location		· ·
<ol><li>any permanent structures on the property that may a</li></ol>		<b>A</b>
<ol><li>any roads, power lines, or other items that may aid it</li></ol>	n locating the property	and the well
4) north arrow		2/
Acomberlay Bone Rd Home Rd Home	Homo	Hone
Landowner Name: Carolyn McDade		
I HEREBY CERTIFY that the well/borehole was drilled	constructed, and co	ompleted in accordance with all applicable
requirements of the Mississippi Department of Enviro	nmental Quality and	the Mississippi Department of Health regulations.
if applicable, and state laws.		
		$\langle 1 \rangle \rightarrow 1 \cdots$
Donal West 0-672	6-15-2011	1 Mar De Marie
7(144,15)	8-15-2019	F-000 7.007
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
		Form: OLWR-SWR-1B (4/13



#### STATE WELL REPORT

# Permit #: Driller: David WeSt Date completed: 8-152019 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 #:	R81		
Aquifer:			

	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	Well Location ,	
Owner Name: COCOLYN Mc Dade	Latitude: 32.302140 Longitude: <u>~88.793086</u>	
Mailing Address: 4874 Mc Oade Qd	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPSX_, Survey-grade GPS	
Meridian MS 39309-600 City State Zip Code	1/4 1/4. Sec T R	
City State Zip Code	a Miles & of McCdian	
Telephone No. (601) 483-5946	1/4	
Pump Ty	pe (check one)	
	Jet Piston Rotary Other (describe):	
Date Pump Installed: 8-8-2019	Rated Pump Capacity: Gallons Per Minute	
Is This Pump (check one): New Repaired Replaceme	nt	
	pe (check one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Wir	ndmill Other (describe):	
Horse Power Rating of Motor: Setting Dep	th: 180 feet Number of Stages:	
Pump Test Data	for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours	
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute		
Method of measurement (check one): Steel tape Delectric tape Dair line Other (describe):		
Pump Test Da	ata for Flowing Well	
Measured shut in head:feet.		
Well yielded GPM 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 (check 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 t	he hest of my knowledge	
	1 2 -1 11-	
Down West Crops	815-2019 / Clar Clar	

Date

Signature of Pump Installer Form: OLWR-SWR-2A (4/13)