	STATE WE	LL REPORT				
county: blackence	Pa	art 1	For Office Use Only:			
Permit #:	Driller's Log		Well #: <u>F32</u>			
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:			
Date drilling completed: 8-10-15		3ox 2309 S 39225-2309	E-Log #:			
Date di ming completed.		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 Informat			Phole Location 90 10 0			
(Landowner if borehole is not for a water well)		Latitude: 31°35, 414 Longitude: 090° 10, 016				
Owner Name: Preston Dean		Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS						
1 190 1005 Lane 20 11 NOV						
Monticello MS 34654 NW 1/4 SEC T TO RIVE City State Zip Code Miles NW of Monticello						
Telephone No. (<u>601</u>) <u>455-01</u>		Miles VV o stance) (Direction)	(Nearest Town)			
retepriorie no. (===)		(
PIN IF	Well / Boreh	_	7/11			
Date drilling started: $8.10-15$ Date drilling completed: $3.10-15$ Hole depth: 160 Hole diameter: 75						
Location of the source of any surface water used for drilling:						
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): _	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: 70feet [above or selow] land surface Date measured: 8-10-15 (circle one)						
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):						
Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix						
Casing length: 140 feet Casing diameter: 4 inches Type of casing: 2VC						
Screen length: 20 feet Screen diameter: 4 inches Type of screen: 0/C						
Screen slot size: 1008 inches Setting depth: From 140 feet to 160 feet						
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development						
Other (describe):			OCT 0 1 2015			

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

Top of lap pipe or reduction in casing: _____feet

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

County:	i ce		For Of	fice Use Only:	
The sketch below only required for water wells		Description of formations encountered must be provided for all well and boreholes, unless specifically exempted by regulations			
If well telescopes, show a	lepths on sketch.				
Ground Level		Description of Formations Encount	Ć	m (depth) To (depth) bund level	
		clo	u l	1 105	
		5200	g. \	05 160	
	-				
	·				
If more than one screen, sho	w location of each on sketch				
Sketch the property layout at 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow	ures on the property that may	aid in locating the well in locating the property and the well			
		Verit		353 - 1532 - 154 - 1 DCT 0 3 - 2015	
Landowner Name:	eston Dean	1%	ું	Not validate	
I HEREBY CERTIFY that the	e well/borehole was drilled sippi Department of Enviro	, constructed, and completed in a nmental Quality and the Mississipp	ccordance will i Department	h all applicable of Health regulations,	
James M. Wells Print Name of Responsible	Clicensee and License No.	9-28-15 Jan	Signature of I	Licenseé	

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

STATE WELL REPORT

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

-	For Office Use Only:	
	Well #: +32	
	Aquifer:	

(601)	360-0535 (Tax)			
This part of the report must be completed by a licensed water v	well contractor or a licensed pump installer. A copy of Part 1			
of the report must be attached and both parts filed with the De	partment at the above address within 30 days of well completion. Well Location			
Well Owner Information				
	Latitude: 31°35,414 Longitude: 590° 10.016			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
146 Paps Lane	USGS quad, Hand-held GPS, Survey-grade GPS			
Manticella M5 39154	NW 1/4 SE 1/4, Sec 11 T 7N R 10E			
Monticello MS 39654 City State Zip Code	7 Miles NW of Monticello			
Telephone No. (<u>661</u>) <u>455 - 6171</u>	(Distance) (Direction) (Nearest Town)			
	e (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 8-10-15 R	ated Pump Capacity:			
Is This Pump (circle one): (New Repaired Replacemen				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Wind				
Horse Power Rating of Motor: Setting Depth: 100feet Number of Stages:				
Pump Test Data for Non Flowing Well				
Date Well Tested: 7-10-15 Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): 76 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface				
Drawdown [(B) - (A)]: 75 30 Feet Below Land Surface Test Pumping Rate: 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	e best of my knowledge.			
HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

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

Lawrence

Driller: James M. Wells

Copy information from block on Part 1

County: _

Permit #:

Date completed:

Signature of Pump Installer

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