	State W	ell Report				
County: Lettore	Part 1 – Driller's Log		For Office Use Only:			
110228- N	Mississippi Department of Environmental Quality		Aquifer:			
Permit #: 47.3.5 1		nd Water Resources Box 2309	Well #: B147			
Driller: Cheef Weffex		n, MS 39225				
Date drilling completed:	(601)	961- 5210	L. S. Elevation:			
Date drining completed.	(601)96	1- 5228 (fax)	E-log #:			
State Law requires that this report be	e prepared by the lice	ense holder responsible for i	,			
Department at the above address wi	thin 30 days of comp	letion of drilling of the well	or borehole.			
Information on Well Own		Well or Bo	rehole Location			
(Landowner if borehole is not for a water well)		Latitude 13.33 4)	" Longitude: 10° 17 16"			
Owner Name Styral Mant Vany	h	33-47-55 90-17-11 Method of Lat/Long (circle one): Conventional Survey,				
7 / / / -	,	Method of Lat/Long (circle or	ne): Conventional Survey,			
Mailing Address: 1000 3000 3000	failing Address: 10 Box 230		USGS quad, Hand-held GPS, Survey-grade GPS			
		3E 1/4 SW 1/4 Sec 03 Twn 221 Rng 0/W				
ala da no	1 29618	36 4 5W 4 Sec 03	5 Twn dd . RngOlW			
City Clara M	70100 Zip Code	Distance Direction	Nearest Town // /			
		Distance Direction Miles	of Monter Coty			
Telephone No. (<u>UA) 375-275</u>	<u>5</u>					
	Well / Bore	hole Data	-			
Date drilling started: (Lali) Date drilling	.91		7 21			
Date drilling started: (C/C/17) Date drillin	g completed:	Hole depth:	Hole diameter: Ale			
Location of the source of any surface water us	sed for drilling:					
Method of dosing and volume of Chlorine us	ed in drilling and devel	opment:	DECEIVE			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:						
Name of organization running log(s).	Electric Califfia Ray	Density Some Neutron	Other.			
Purpose of borehole (check one): Water Well_XGeolechnical/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 one): HomeIndustrial Public Supply Irrigation 🗶 Fish Culture Other:						
·						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level:feet above of below (pircle one) land surface Date measured:/						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix						
Casing length: 6 feet Casing diameter: 16 inches Type of casing: 100						
Screen length: 40 feet Screen diameter: 16 inches Type of screen: AVC						
Screen slot size: 1032 inches Setting depth: From 69 feet to 189 feet						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
	Other (describe):					
Top of lan pine or reduction in casing:	feet. If tel	Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page				

Form: OLWR-SWR-1A (04/08)

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BY OLWR

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Wed to Weston Wike CAY) - CELLY !! Signature of licenses	The dill IN Man a sent and	a clada Il	(/)	LIILTA	7
	int Name of Responsible Licensee and License No.	o leggy III	Signation	re of Licenses	\

STATE WELL REPORT

County:

Permit #:

Driller: (Ment

Date completed: _

Copy information from block on Part 1

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 #:	B147			
Aquifer:				

(001) 300-0335 (1ax)				
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 completion.				
Well Owner Information	Well Location			
Owner Name: Sharthillent Flows 1 \(\frac{23}{33-4} \) Mailing Address: Po Box 230 Method of Lat/Long	Longitude: 40-17-11 7-55 3 (check one): Conventional Survey,			
(Sendon MS 38928 SE 45W	land-held GPS X, Survey-grade GPS 14, Sec 03 T 22M R 01 Winder CH2 Direction (Nearest Town)			
Pump Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary				
Date Pump Installed: Rated Pump Capacity	Gallons Per Minute			
ls This Pump (circle one): New Repaired Replacement				
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describ	and a			
Horse Power Rating of Motor: 40 Setting Depth: 70 fee	et Number of Stages: 🔀			
Pump Test Data for Non Flowing W	ell			
Date Well Tested: Duration of Pump	Test (minimum 4 hours):hours			
Static Water Level (A): Feet Below Land Surface Pumping Water	Level (B): 35 Feet Below Land Surface			
Drawdown [(B) - (A)]:	1			
Method of measurement (circle one): Steel tape Electric tape Air line Other	<u>.</u>			
Pump Test Data for Flowing Well				
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of feet after	hours of pumping			
Meter Installation				
Meter Manufacturer: Meter Serial	Number RECIVED			
Meter Model Number/Name: Type of Meter	er:			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):	26 201			
Installation Date: Meter installed by:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
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.				
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer				
Print Name of Pump installer and License No. (1) applicable) Date	Signature of Fullip installed			

Form: OLWR-SWR-2A (4/13)