com		
County: Le Flore  Permit #: 6w 47527  Mississipp	Part 1  Driller's Log Di Department of Environmental Quality fice 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 #:  Aquifer:  E-Log #:
State Law requires that this report be prepare Department at the above address within 30 do		
Well Owner Information (Landowner if borehole is not for a water w  Owner Name: De/49 G/oba/ Farm  Mailing Address: Cars Nicosia  2309 Cadillac Cove  Green wood ms 3	Well or Bore  Sell)  Latitude: 33 31.67 Lor  33-31-07  Method of Lat/Long (check one  USGS quad, Hand-held G	rhole Location rigitude: 090 20,57 90 20 57 9: Conventional Survey, PS, Survey-grade GPS
Date drilling started: 7-5-13 Date drilling co Location of the source of any surface water used Method of dosing and volume of Chlorine used in	for drilling: Nearly Ditch	
Logs run (circle all applicable)! (No log run Electr		
Name of organization running log(s):		
Purpose of borehole (circle one): Water Well  Seismic Survey	Geotechnical/Geological Investigation Other (describe)	Ground Source Heat Pump
If drilling is not related to wa	ter well construction, skip the remainder	of this block
Purpose of Well (circle all applicable): Home	ndustrial Public Supply (Irrigation)	Fish Culture
Other (describe):		
If a flowing well, method of flow regulation: Val Static Water Level: 45feet [above of circles]	or below land surface Date measured	
Method of measurement (circle one): Steel tape	Electric tape Air line Other (describe)	: Son, c Water level ne
Well depth: $120'$ Well grouted to a depth of:		
	neter:inches Type of	
Screen length: 40 feet Screen dia	meter: inches Type of	screen: IVC

Setting depth: From

Underreamed

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

Open hole

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing: \_\_\_\_\_feet

Other (describe):\_

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

Natural Developinent2013

MS. Valley St. Univ.  ye 11  Rewase laggor	County: <u>Leftor</u> Permit #: <u>GW~</u> 4	7527				For Office Use #:	e Only:
more than one screen, show location of each on sketch  The property layout and include the following:  1) the well location  2) any permanent structures on the property that may add in locating the well  3) any power lines, or other items that may add in locating the property and the well  4) north arrow  The power lines of the Mississippl Department of Health regulations, policiable, and state laws.  The property layout and the control of the Mississippl Department of Health regulations, policiable, and state laws.  The property layout and the Mississippl Department of Health regulations, policiable, and state laws.  The property layout and the Mississippl Department of Health regulations, policiable, and state laws.  The property layout and the Mississippl Department of Health regulations, policiable, and state laws.  The property layout and the Mississippl Department of Health regulations, policiable, and state laws.  The property layout and the Mississippl Department of Health regulations, policiable, and state laws.  The property layout and the Mississippl Department of Health regulations, policiable and state laws.  The property layout and the Mississippl Department of Health regulations, so that the Mississippl Department of Health regulations, policiable and state laws.  The property layout and the Mississipple Department of Health regulations, policiable and state laws.  The property layout and the Mississipple Department of Health regulations, policiable and state laws.  The property layout and the Mississipple Department of Health regulations, policiable and state laws.  The property layout and the Mississipple Department of Health regulations, policiable and state laws.  The property layout and the Mississipple Department of Health regulations, policiable and state laws.  The property layout and the Mississipple layout and the Mississipple Department of Health regulations, policiable and state laws.  The property layout and the Mississipple layout and the Mississipple layout and the Mississipple lay		1		Description of fo	rmations encounter inless specifically ex	red must be provid cempted by regular	ed for all we
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## STATE WELL REPORT

## County: Leffore Permit #: <u>6 W - 4</u> Date completed: 7-/0 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

For Office Use Only:			
Well #:			
Aquifer:			

(601)	360-0535 (fax)				
This part of the report must be completed by a licensed water a	well contractor or a licensed pump installer. A copy of Part 1 spartment at the above address within 30 days of well completion.				
Well Owner Information	· Well Location				
	Latitude: 33°3/. 07 N Longitude: 090°20.57 W				
	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Grienwood MS 38930 City State Zip Code Telephone No. (662) 219-0595	WE 14 NE 14, Sec 13 T 19 N R 2 W  Miles No of MS Valky St. Univ.  (Distance) (Direction) (Nearest Town)				
	e (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well					
	ated Pump Capacity: 400 ~ 500 Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacement	t i				
Power Typ	e (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	mill Other (describe):				
Horse Power Rating of Motor:O Setting Depth	n: <u>80</u> feet Number of Stages: <u>2</u>				
Pump Test Data f	or Non Flowing Well				
Date Well Tested: 7-10-13	Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): 45 Feet Below Land Surface	Pumping Water Level (B): 60 Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surfa	ace Test Pumping Rate: 415 Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric tap	be Air line Other (describe): Sout Water Level & Metter				
Pump Test Data for Flowing Well					
Measured shut in head:feet.					
Well yielded GPM With a drawdown of	feet afterhours of pumping				
Meter I	nstallation				
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: RECEIVED					
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.				
Willie L. Bryant 0-639 Wille L. Bryant					
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer  Form: OLWR-SWR-1B (4/13)				

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