STATE	WELL REPORT			
County: Licoln.	Part 1 For Office Use Only:			
	Driller's Log Well #: H123			
, , , , , , , , Mississippi bepu	rtment of Environmental Quality Land and Water Resources Aquifer:			
Driller: C.1B.13.	P.O. Box 2309 E-Log #:			
Date drilling completed: \$\mathcal{B}\data 13.}	kson, MS 39225-2309 (601)961-5210			
(6	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 Information	Wall or Rorehole Location			
(Landowner if borehole is not for a water well)	Latitude: 31°34′ 19″ Longitude: 90° 21′ 8,9″			
Owner Name: Joe Penn	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: Elbert LN'				
•	USGS quad, Hand-held GPS, Survey-grade GPS			
10 11 11	SW 14 SE 14, Sec 13 / T 7 N R 8E			
City State Zip Code	. Miles of			
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)			
Location of the source of any surface water used for dri	Hole depth: 160 Hole diameter: 8"			
Method of dosing and volume of Chlorine used in drilling	g and development:			
Logs run (circle all applicable): No log run Electric Ga	mma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Truspose of Continues (Single Continues)	hnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)				
	ll construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industri	al Public Supply Irrigation Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 83 feet [above or bel (circle one)	low] land surface Date measured: 6-25-13			
Method of measurement (circle one) Steel take Electr	ric tape Air line Other (describe):			
	feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length:feet	inches Type of casing: Pic			
Screen length: 10' feet Screen diameter:	y inches Type of screen: Pcc			
Screen slot size:inches Setting dep	oth: From 150 feet to 160 feet			
Type of completion (circle all applicable): Cravet packet	Underreamed Open hole Natural Development			
Other (describe):	RV CARRIE			

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

Top of lap pipe or reduction in casing: _____feet

Form: OI WR-SWR-1A (4/13)

County:		For Office Use Only: Well #: 17123		
The sketch below only required for water wells	Description of formations en and boreholes, unless specifi			
If well telescopes, show depths on sketch. Ground Level	Description of Formations Enco	ountered	From (depth)	To (depth)
	clus		O	20
	Sand		20	40
	source!		40	60
	clust	1	60	140
	Jak	,	140	(50
	Couses	land	150	160
If more than one screen, show location of each on sket	tch			
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that 3) any roads, power lines, or other items that may 4) north arrow	may aid in locating the well raid in locating the property and the we said in locating the property and the well though the said in locating the property and the well though the said in locating the well the said in locating the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the well to be said in locating the property and the property and the well to be said in locating the property and the property and the locating the location the location to be said in locating the location the location to be said in locating the location to be said in locating the location to be said in locating the locating the locating the locating the locating the locating the location to be said in locating the location to be said in location to be said in location to be said in	all (fe)		
Landowner Name: Joe Penny 1 HEREBY CERTIFY that the well/borehole was dr	Hury & Y illed, constructed, and completed i	in accorda	nce with all ap	olicable
requirements of the Mississippi Department of Effif applicable, and state laws.	Notice of the Mississ	sippi Depa	rtment of Heali	h regulations,
Print Name of Responsible Licensee and License	No. Date	Signati	ure of Licensee	
Truth there at trasperture areasted and areasted		7		/R-SWR-1A (4/13

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STATE WELL REPORT

Driller: Fitzerald well force Date completed: 8-28-13,

County:

Permit #:

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 C	Office Use Only:	
Well #: _	H123	
Aquifer:		

Copy information from block on Part 1 (601) 360-0535 (fax) 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 Latitude: 31 034 19 " Longitude: 90° 21' 8.5" Owner Name: Joe Perv Mailing Address: Floet Lav Method of Lat/Long (check one): Conventional Survey USGS quad_____, Hand-held GPS_____, Survey-grade GPS____ **から** State _____¼ ____¼, sec_/3 _ T 7N _ R 8 = Zip Code _Miles _____ of ____) (Direction) (Nearest Town) Telephone No. (Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Rated Pump Capacity: ______Gallons Per Minute Date Pump Installed: is This Pump (circle one): (New) Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): 1/2, Setting Depth: _ 110 feet Number of Stages: Horse Power Rating of Motor: 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 ______Feet Below Land Surface Test Pumping Rate: _____ Drawdown [(B) - (A)]: 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 yielded _ _____GPM with a drawdown of ______ feet after ___ ____hours 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: _____ - [A/ 12 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. Brad Filtered 029.

Print Name of Pump Installer and License No. (if applicable) 8-28-13 Beller Signature of Pump Installer

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