STATE WELL REPORT Part 1

Driller's Log

County: Libeals

Date drilling completed:

Driller: Gan Water he

Permit #:

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)

	451
	For Office Use Only: Well #: H\38
١	Aguifer:

E-Log #:

	961-5228 (fax) icense holder responsible for the work and filed with the appletion of drilling of the well or borehole. Well or Borehole Location
State Law requires that this report be prepared by the Department at the above address within 30 days of con	well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 31.3778 Longitude: 70.24.29.88 31-34-40.08 Conventional Survey ,
Mailing Address:	USGS quad, Hand-held GPS, Survey-grade GPS SE
City State Zip Code	3.5 Miles NE of Drackhaven (Distance) (Direction) (Nearest Town)
Telephone No. (601) 154 - 1821	

Well / Borehole Data
Date drilling started: 11-9-18 Date drilling completed: 11-12-18 Hole depth: 65 Hole diameter:
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development: mud pit & grove lack
Logs run (check all applicable): log reference Camma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Works 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 CEIVED
Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Cult 10 2 1 2018
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 35 feet above or below] land surface Date measured: 11-12-18 (check one)
Method of measurement (check one) Steel tape Electric tape Air line Other (describe):
Well depth: 6 • Well grouted to a depth of: 1 • feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length:feet Casing diameter: \(\forall \) inches Type of casing: \(\text{Discrete} \)
Screen length: O feet Screen diameter: Y inches Type of screen:
Screen stot size:inches Setting depth: Fromfeet tofeet
Type of completion (check all applicable) ravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing:feet
If telescoped or more than one screen, describe on next page

Permit #:		_		
			For Office U	se Only:
The sketch below onl	y required for water wells	Wel	"#: H138	
If well telescone	required for water wells	Description of s		
<u>If well telescopes, sho</u> Ground Level	w depths on sketch.	Description of formations encount and boreholes, unless specifically e	ered must be provid	led for all w
or ording FeAef	•	Description of Formations Encountered	xempted by regula	tions
		Simulations Encountered		To (depth)
		Red Clay	Ground level	
		Sand & Plensel	15	15
			13	60
•				
. (a)		9 × 38		
			-	
			 	
	. 1			
		,		
f more than one screen show	w location of each on sketch			
etch the property layout and 1) the well location	-			
Al mandle mounts	, or other items that may aid in loc	n locating the well cating the property and the well		
2) any permanent structu3) any roads, power lines,4) north arrow	, or other items that may aid in loc	cating the property and the well		
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any roads, power lines, 4) north arrow IEREBY CERTIFY that the guirements of the Mississ	or other items that may aid in local state of the state o	Taking the property and the well	ce with all applica	able egulations,
3) any roads, power lines, 4) north arrow	well/borehole was drilled, consippi Department of Environments.	rating the property and the well The structed, and completed in accordantal Quality and the Mississippi Depart	ce with all applica tment of Health re re of Licensee	ble egulations,

STATE WELL REPORT

County: Libealh Permit #: Date completed:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

P.O. Box 2309

For Office Use Only:		
Well #:H\38		
Aquifer:		

Copy information from block on Part 1	kson, MS 39225-2309 Aquifer:				
	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	Well Location				
Owner Name: Donnie Mitchell	Latitude: 31.5778 Longitude: -90-50-83				
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,				
1662 Mayra Ln	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	NEST NW 4, Sec 16 T 7N R 8E				
City State Zip Code Telephone No. (COI) 754 - 7827	3.5 Miles NE of Brokhova (Distance) (Direction) (Nearest Town)				
Pump	Type (check one)				
Submersible Turbine Air Lift Centrifugal Flowing We	· · · · · · · · · · · · · · · · · · ·				
	Rated Pump Capacity: 22 Gallons Per Minute				
Is This Pump (check one): New Repaired Replacer					
Electric Diesel Gasoline Natural Gas Tractor PTO N	Type (check one)				
	<u>.</u>				
Horse Power Rating of Motor: Setting D	epth:feet Number of Stages:				
	ta for Non Flowing Well				
Date Well Tested: 11-17-18	Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): 35 Feet Below Land Surfa	ce Pumping Water Level (B): 50 Feet Below Land Surface				
<u> </u>	iurface Test Pumping Rate: <u> </u>				
Method of measurement (check one): Steel tape Lectri					
	Data for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
	feet afterhours of pumping				
Meto	Meter Serial Number: Type of Meter:				
Meter Manufacturer:	Meter Serial Number: Type of Meter: NOV. 2.1. 2018				
Meter Manufacturer: Meter Model Number/Name:	Meter Serial Number: Type of Meter: NOV 2 1 2018				
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x : 901) Installation Date: Meter installed b Is This Meter (check one): New Repaired Replace	Meter Serial Number: Type of Meter: NOV 2 1 2018 Perment				
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x : 901) Installation Date: Meter installed b Is This Meter (check one): New Repaired Replace	Meter Serial Number: Type of Meter: NOV 2 1 2018 Part 1000, etc.): BY OLWR				
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x : 901) Installation Date: Meter installed b Is This Meter (check one): New Repaired Replace	Meter Serial Number: Type of Meter: NOV 2 1 2018 Serial Nov 2 1 2018 When the second of the serial number: RECEIVED NOV 2 1 2018 Properties of the serial number: Received the serial				

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

11-17-18 Date

Signature of Pump Installer

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