	STATE	VELL REPORT		
County: Licola	SIMIE .	Part 1	For Office Use Only:	
· ·	Driller's Log		Well #: P10b	
Permit #:	Mississippi Department of Environmental Quality		Aquifer:	
Driller: Fitzgerald Well Serops	Office of Land and Water Resources P.O. Box 2309		E-Log #:	
Date drilling completed: 10-29-13		n, MS 39225-2309 601)961-5210		
(601)360-0535 (fax)				
State Law requires that this report	t be prepared by the l	license holder responsible for t	the work and filed with the or borehole.	
Department at the above address within 30 days of con Well Owner Information		Well or Bore	enote Location	
(Landowner if borehole is not for a water well)		Latitude:3( 21 35.6 Lo	ngitude: (0° 30′ 325″	
Owner Name: Rich Bush		36	3 3	
Mailing Address: Albiton trl.			e): Conventional Survey,	
Mailing Address:		USGS quad, Hand-held (	GPS, Survey-grade GPS	
		NW 14 NE 14, Sec	28 7 5N R7 E	
Boy Chilu MJ. City State	Zip Code	Miles	of	
		(Distance) (Direction)	(Nearest Town)	
Telephone No. ()				
Well / Borehole Data				
Date drilling started: 10 39-13, Date drilling completed: 10 39-13. Hole depth: 120 ' Hole diameter: 8"				
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	Electric Gam	ma Ray Density Sonic Neut	ron Other:	
Name of organization running log(s):				
Purpose of borehole (circle one): Wat	er Wett Geotechn	ical/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):				
It a flowing well method of flow regulation: Valve Other (describe)				
Static Water Level: 41 feet [above or below] land surface Date measured: 10-24-13, (circle one)				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): leat Cemen Bentonite Mix				
Casing length: (10) feet Casing diameter: 4" inches Type of casing: Puc				
Screen length: 10 feet Screen diameter: 4 inches Type of screen:				
Screen slot size: 010 inches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):			84	

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: Licely		For Office Use Only:	
Permit #:	Well	#: P10b	
The sketch below only required for water wells	Description of formations encounte		
	and boreholes, unless specifically e	xempted by regulations	
If well telescopes, show depths on sketch.	Description of Formations Encountered	i From (depth) To (depth)	
Ground Level		Ground level	
	cluz	0 20	
	Sand	20 60	
	cluy	60 80	
	sand.	10 110	
·	Coute San	a 110 120	
· ·			
4			
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following:  1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow  Company of the property that may aid A) north arrow	aid in locating the well in locating the property and the well to have a second	) S hay 2	
Landowner Name: Rock Bosh			
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.			
BALTIZHELD, 024. Print Name of Responsible Licensee and License No.	10-34-13 Be Sign	ature of Licensee	
Fine name of responsible Licensee and License No.	Date Jan	Form: OLWR-SWR-1A (4/13	

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## STATE WELL REPORT

## County: hickory Permit #: Driller: Fitzpenild Date completed: 10 - 29 - 13

## 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#: Picb			
Aquifer:			

i i	) 360-0535 (fax)			
·				
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Rick Buch	Latitude: 310 22 358 "Longitude: 400 30 325 =			
Mailing Address: Alberton Tele	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Breach to one	14 14, Sec 28 T 5N R 7 E			
Bosoch-lo ms City State Zip Code				
Telephone No. ()	Miles of (Distance) (Nearest Town)			
Pump Typ	oe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 10-29-13, Rated Pump Capacity: 12 Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacement				
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: 3/4 Setting Dept	h: <u>fo'</u> feet Number of Stages: <u>12</u>			
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				
Drawdown [(B) - (A)]: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:RECEIVED			
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 best of my knowledge.				
1 DIFFE				
Print Name of Pump Installer and License No. (if applicable				
	Form: OLWR-SWR-1B (4/13			