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**Well or Borehole Location** 

County:	Lincoln
Permit #	
Driller:	Granwate hell
Date drilling completed: 11-5:18	

**Well Owner Information** 

(Landowner if borehole is not for a water well)

## STATE WELL REPORT

## Part 1 Driller's Log

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)

For Office Use Only:	
Well #: <u>R80</u>	
Aquifer:	
E-Log #:	

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.

(Landowner if borehole is not for a water well)	Latitude: 3/3599 Longitude: -%, 3337	
Owner Name: N.C. M. Cullough	Method of Lat/Long (check one): Conventional Survey,	
Mailing Address:		
2548 McCollough Ad	USGS quad, Hand-held GPS, Survey-grade GPS	
Ruth Ms 396102	AW 14 AVR 14, Sec 36 31 T SN RZE	
City State Zip Code	3 Miles 5 W of Ruth	
Telephone No. (504) 858 - 3396	(Distance) (Direction) (Nearest Town)	
Well / R	orehole Data	
	11-5:18 Hole depth: 1/4 Hole diameter:	
Location of the source of any surface water used for drilling	· ·	
Method of dosing and volume of Chlorine used in drilling a	nd development: Mud pib & gravel pack	
Logs run (check all applicable): ☐log run☐Electric ☐bamm		
Name of organization running log(s):		
Purpose of borehole (check one) Water Web Geotechni	ical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (	(describe)	
If drilling is not related to water well co	onstruction, skip the remainder of this bloth FCFIVED	
Purpose of Well (check all applicable) Home Industria	Public Supply Irrigation Fish Culture NOV 2 1 2018	
Other (describe):		
If a flowing well, method of flow regulation: Valve	Other (describe) BYOLWR	
Static Water Level: 59 feet above or belo	ow] land surface Date measured: 11-5-18	
Method of measurement (check one) Steel tape Electric	tape Air line Other (describe):	
Well depth: 1/2 Well grouted to a depth of: 10 f	eet Type of grout (check one) Neat Cement Bentonite Mix	
Casing length: 102 feet Casing diameter:	$\frac{\checkmark}{}$ inches Type of casing: $\frac{PVC}{}$	
Screen length:feet	inches Type of screen: PVC	
Screen slot 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 o	one screen, describe on next page	

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

County: Lincoln  Permit #:		For Office Use	e Only:
The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations encou and boreholes, unless specifical		
Ground Level	Description of Formations Encount	ered From (depth) Ground level	To (depth)
	Red Clay	9	18
	Sand gravel	18	60
	Sand	60	120
If more than one screen, show location of each on sketch		t	
Sketch the property layout and include the following:  1) the well location  2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid is 4) north arrow  Ruthor	n locating the property and the well		<b>→</b>
	•		, •
Landowner Name: NICE MCCullough	<u>)</u>		
Landowner Name:		cordance with all app Department of Healt	licable h regulations,
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ		cordance with all app Department of Healti	licable h regulations,

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## STATE WELL REPORT

## Driller: Grenn Water Well

County: \_

Permit #:

Date completed:

Lincoh

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

For Office Use Only:		
Well #: <u>R80</u>		
Aquifer:		

	501)961-5210	
	) 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: N.CIC M. Callough	Latitude: 31.3599 Longitude: -90.3337	
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,	
RUL MCONOGE BOLLET City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS  W 1/4	
Ruh Mr 39662	MY WWW. Sec TON REE	
City         State         Zip Code           Telephone No. (501)         358 - 3396	3 Miles 5W of Ruth 95	
Telephone No. (201) 2 23 22 14	(Distance) (Direction) (Nearest Town)	
	pe (check one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	)	
Date Pump Installed: 11-5-18	Rated Pump Capacity: Gallons Per Minute	
Is This Pump (check <i>one</i> ): New Repaired Replacemen		
·	pe (check one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Win		
Horse Power Rating of Motor: Setting Dept	h:feet Number of Stages:	
	for Non Flowing Well	
Date Well Tested: 11-5-18	Duration of Pump Test (minimum 4 hours): hours	
Static Water Level (A): 59 Feet Below Land Surface Pumping Water Level (B): 71 Feet Below Land Surface		
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute		
Method of measurement (check one): Steel tape		
Pump Test 9a	ta 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:		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): NOV 2 1 2018		
Installation Date: Meter installed by:		
Is This Meter (check 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.		
Jacob Lea 8325 11-5-18 bud her		
Print Name of Pump Installer and License No. (if applicable)		

Signature of Pump Installer

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

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E. William Co. 1984 A. A.

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