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STATE WELL REPORT

County: Marien Co Permit #: Driller: 1

Date drilling completed:

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 #: 1-129				
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.

Well Owner Information	Well or Borehole Location					
(Landowner if borehole is not for a water well)	Latitude: 31 18 59 N Longitude: 39 51 48 W					
Owner Name: Alyse Haynes	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS_i, Survey-grade GPS					
Mailing Address: 193 Old Hwy 35 N						
Columbia MS 39429	NN 14 VE 14, Sec 13 T 4 N R 19 W					
Columbia MS 39429 City State Zip Code	7 Miles Sw of Columbia					
Telephone No. (1001) 441 - 9446	(Distance) (Direction) (Nearest Town)					
Well / Br	orehole Data					
Well / Borehole Data Date drilling started: 9-7-18 Date drilling completed: 9-7-18 Hole depth: 90 Hole diameter: 7'4						
Location of the source of any surface water used for drilling:						
Method of dosing and volume of Chlorine used in drilling and development: Granulated Chlorine						
Logs run (check all applicable): log run Electric Gamn	na Ray Density Sonic Neutron Other:					
Name of organization running log(s):						
Purpose of borehole (check one): Water Well Geotechnic	cal/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 (check all applicable): Home Industrial	Public Supply Irrigation Fish Culture					
Other (describe):						
If a flowing well, method of flow regulation: Valve	Other (describe)					
Static Water Level: 10 feet above or belo (check <i>one</i>)	w] land surface Date measured: 9-7-18					
Method of measurement (check one) Steel tape Electric tape Air line Other (describe):						
Well depth: 90 Well grouted to a depth of: iO feet Type of grout (check one) Neat Cement Bentonite Mix						
Casing length: <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Puc</u>						
Screen length: 10 feet Screen diameter: 4 inches Type of screen: put Saw Slor						
Screen slot size: 8 inches Setting depth: From 80 feet to 90 feet						
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						

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

STATE WELL REPORT

County: Permit #: Driller: 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 #:F129				
Aquifer:				

: I	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 Department at the above address within 30 days of well completion.					
Well Owner Information	Well Location					
Owner Name: Alsye Haynes	Latitude: <u>31 13 59 M</u> Longitude: <u>89 51 48 W</u>					
Mailing Address: 195 old Hwy 13 H	Method of Lat/Long (check one): Conventional Survey,					
	USGS quad, Hand-held GPS, Survey-grade GPS					
Columbia ms 39439 City State Zip Code	NW 14 NE 14, Sec 13 TAN R KIV					
	7 Miles 500 of Colombia (Distance) (Direction) (Nearest Town)					
Telephone No. (<u>661</u>) <u>441 - 9496</u>	(Distance) (Direction) (Nearest Town)					
Pump Typ	oe (check <i>one</i>)					
Submersible ☐Turbine ☐Air Lift ☐Centrifugal ☐ Flowing Well ☐	Jet□Piston □Rotary □Other (<i>describe</i>):					
Date Pump Installed: 9-7-18 Rated Pump Capacity: 15 Gallons Per Minute						
Is This Pump (check one): New Repaired Replacemen						
	pe (check one)					
Electric Diesel Gasoline Natural Gas						
Horse Power Rating of Motor: 34 Setting Dept	h: <u>50</u> feet Number of Stages: <u>10</u>					
Pump Test Data	for Non Flowing Well					
Date Well Tested: 9-7-18	Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): <u>IO</u> Feet Below Land Surface	Pumping Water Level (B): <u>47</u> Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate: 15 Gallons Per Minute					
Method of measurement (check one): Steel tape X Electric ta	pe 🛮 Air line 🖟 Other (<i>describe</i>):					
Pump Test Dat	a for Flowing Well					
Measured shut in head: <u>IO</u> feet.						
Well yielded <u>iS</u> GPM with a drawdown of <u>37</u>	feet afterhours of pumping					
Meter Installation						
Meter Manufacturer:						
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:						
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.						
0 (12)						

9-7-18 Date Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

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

County: Mario	^		For	Office Use	Only:
Permit #:			Well #:	F129	
The sketch below only	required for water wells	Description of formations enc	countered i	must be provide	d for all wells
The Skeich below only	required for water weas	and boreholes, unless specific	ally exemp	oted by regulation	ons
If well telescopes, sho	w depths on sketch.	Description of Formations Encou	ntered	From (depth)	To (depth)
Ground Level		Description of Formations Encour	intered	Ground level	10 (deptil)
		Ton	50.1	0	2
		100	sod	1	45
	1			45	48
			ecky		90
	<u>.</u>	Sana 2	pea gra	vel 48	
If more than one screen, s	show location of each on sketch				
the well location any permanent stru	and include the following: ictures on the property that may nes, or other items that may aid	aid in locating the well in locating the property and the well			
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1 1	Alsye Haynes				1
Landowner Name:					
I HEREBY CERTIFY that t requirements of the Mis if applicable, and state	sissippi Department of Enviro	, constructed, and completed in a nmental Quality and the Mississipp	ccordance oi Departm	e with all applic nent of Health	cable regulations,
Josh Boon Print Name of Responsib	C 8683 Ne Licensee and License No.	9-7-18 Josh	Bure Signature	of Licensee	
				Form: OI WR-	SWR-1B (4/13)