	riller's Log		
Mississippi Departmen	t of Environmental Quality Aquifer:		
	nd Water Resources Well #: (- 140		
Dailles Charles (CADOss III)	30X 10631		
Jackson, IV	IS 39289-0631 L. S. Elevation:		
	961-5210 4-6938 (fax) E-log #:		
(001)33	1-0930 (lax)		
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	ense holder responsible for the work and filed with the letion of drilling of the well or borehole.		
Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 34 . 55, 968, Longitude: 89 . 24 . 176		
Owner Name <u>Carnest</u> Stephens	Latitude: 34 ° 55, 968 Longitude: 89 ° 24 ° 176 Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 3428 Roberts Chapel Rd	USGS quad, Hand-held GPS, Survey-grade GPS		
	5W 45W 4 Sec 10 Twn 25 Ring 2 W		
Sama M 5 38642 City State Zip Code	l a		
3	Distance Direction Nearest Town A Miles Fost of Slayden		
Telephone No. (901) 626 7600	0		
Weli / Bore	hole Data		
Date drilling started: 5-22-13 Date drilling completed: 5-22-	13 Hole depth: 150 Hole diameter:		
and the second s	Well bloken		
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and deve	dopment: 12 PD. Chlorise to 1000 bet Water		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):			
Purpose of borehole (check one): Water Well X Geotechnical/Geo	ogical Investigation Ground Source Heat Pump		
Seismic Survey Other (describe	;)		
If drilling is not related to water well construction	n, skip the remainder of this block		
Purpose of Well (check one): Home X Industrial Public Supply	Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve C	Other (describe)		
Static Water Level: 100 feet above on below (circle one) land surface Date measured: 5-22-13			
Method of Measurement (circle one) steel tape electric tape	air line other:		
Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix			
Casing length: 140 feet Casing diameter: 4 inches Type of casing: Puc			
Screen length:feet Screen diameter:	inches Type of screen:		
Screen slot size: . 0/3 inches Setting depth: From	140 feet to 150 feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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			

State Well Report

Form: OLWR-SWR-1A

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For Office Use Only:

JUN 2 0 2013

BY: OLWR

The sketch below only required for water wells

If well telescopes,	show	depths	on	sketch.
Ground Level		7		

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Surface Soil	0	18
V		
ned Red Soul	18	42
Wet White Sand	42	80
White Clay	20	93
mel white Send	93	120
		ļ
white Coarse Soul	120	150
•		
	'	
	<u> </u>	
	<u> </u>	

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 aid in locating the well; 3) any roads, power lines, or other items that may aid it 4) a north arrow.	structures on the property that may in locating the property and the well;
The norm whom	25
	the state of the s
Roberts Chopal Bo	2 mt
will to Property	
Divening 1	was been but have I have been the
House	RECEIVED
1/300	JUN 2 0 2013
	BY: OLWR
Landowner Name: Earnest Stephens	
L	Form: OLIMP SIMP 1

I 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

Larry Carpenter # 0-163 6-1-13 Larry Carpenter

Print Name of Responsible Licensee and License No. Date Signature of Licensee

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

County: marshall Permit #: Date completed:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

(601)961-5210 (601)354-6938 (fax)

For Office Use Only: Aquifer: Well #: Elevation:

Copy information from block on Part I (001)33	4-0738 (lax)		
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: Earnest Stephens	Latitude: 34° 55. 968 Longitude: 89° 24. 176		
Mailing Address: 2428 Roberts Chopel Rd	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Sama MS 38643 City State Zip Code	¼¼ SecT		
2.p cour	Distance Direction Nearest Town		
Telephone No. (901) 626 7600	_3_Miles East of Slayden		
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor:		
Date Pump Installed: 5-22-13	Setting Depth: / 20 feet		
Rated Pump Capacity:	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 5-22-/3	Circle one		
,	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): / 60 Feet Below Land Surface	Other (specify):		
Pumping Water Level (B): 106 Feet Below Land Surface			
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.		
Larry Carpenter #0-162	Lary Caysester	RECEN	/E-
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	1 Class Car Acces	
	_	01115 0115	

Form: OLWR-SWR-18 2013