County: MSShall
Permit #:
Driller: Janes us Moson
Date drilling completed: (-30-58

#### **State Well Report**

Part 1 – Driller's Log

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 #: 3 - 289		
L. S. Elevation:		
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.

Information on Wall Owner	Well or Borehole Location		
Information on Well Owner			
(Landowner if borehole is not for a water well)	34 .49 .228		
Owner Name Donna Kirk	Latitude: 34 ° 49 '878" Longitude: 89 ° 40 , 103"		
Mailing Address: 15-38' St Poul	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GP3, Survey-grade GPS		
Bulantia par 2Nell	SW 1/4 Sec 18 Twn 35 Rng 4w		
Byholia MJ 38611 City State Zip Code	Distance Direction Nearest Town		
City State Zip Code	Miles E of Worsew		
Telephone No. (66) 838-3479.			
Well / Bore	hole Data		
1.2	6.		
Date drilling started: 1-30.08 Date drilling completed: 1-30.08	Hole depth: 170 Hole diameter: 6314		
Location of the source of any surface water used for drilling:	A		
Location of the source of any surface water used for drilling:	opment: V		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)	\ \rangle \rangle \rangle		
If drilling is not related to water well construction	skin the remainder of this block		
If ariting is not retated to water well construction	i, skip the remainaer of this block		
Purpose of Well (check one): Home 🖊 Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve On	If a flowing well, method of flow regulation: Valve Other (describe)		
Static Water Level: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured: feet above of below circle one) land surface Date measured circl			
Method of Measurement (circle one) steel tape electric tape	air line other: String (weight		
	,		
Well depth: 176 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 160 feet Casing diameter: 4 inches Type of casing: PC			
Screen length: 10feet Screen diameter:inches Type of screen:(			
Screen slot size: inches Setting depth: From	(60 feet to (70 feet		
Type of completion (circle all applicable): Gravel packed Underr	eamed Telescoped Open hole Natural Development		
Other (describe):	M		
Top of lap pipe or reduction in casing:feet. If tele	escoped or more than one screen, describe on next page		
	Forms OLVAD CIAID 4A		

Form: OLWR-SWR-1A



The sketch	below	only	required	for	water	wells

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

## <u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground Level	12
red soud	(a-	0.0
bus of the	୬ ବ	100
white clay	100	135
white soud	13-1	(20
	ļ	
495.00		

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.
~
Landowner Name:

Form: OLWR-SWR-1A

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 laws.

Jenes W. Mosen 0-620 2-16-0

Print Name of Responsible Licensee and License No.

0 (00

Signature of License

SYCLER

#### STATE WELL REPORT

# County: Marshall

### 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

For Office Use Only:		
Aquifer:		
Well #: _	J-284	
Elevation	:	

This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department Well Owner Information  Owner Name: Onne Kirk  Mailing Address: [538] ST Pool	
report must be attached and both parts filed with the Department well Owner Information  Owner Name: OONNA KIK  Mailing Address: 1538 ST Poul	at the above address within 30 days of well completion.  Well Location  Latitude: 34-49.878 Longitude: 29.40.103
Well Owner Information  Owner Name: Oonna Kirk  Mailing Address: 1538 ST Poul	Well Location  Latitude: 34-49,878 Longitude: 89,40,603
Mailing Address: 1538 ST Poul	
	Method of Lat/Long (check one): Conventional Survey
But It are 220 H	, , ,
But to Are Open	USGS quad, Hand-held GPS/Survey-grade GPS
Byhalia My 38611 City State Zip Code	Sw 1/2 Sw 1/2 Sec 18 T 35 R 4W
·	Distance Direction Nearest Town
Telephone No. (663) 838- 3479	Miles _ E of Worsow
Pump Type Circle one	Power Type 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: 3/4
Date Pump Installed: 1 - 20 · 08	Setting Depth:
Rated Pump Capacity: Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested: 1-30-08	Circle one
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): Feet Below Land Surface	Other (specify): String (weight
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 after 34 hours of pumping

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

Form: OLWR-SWR-1B

