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STATE V	VELL REPORT	
County: Marshall	Part 1	For Office Use Only:
Permit #: 0.162 Dr.	iller's Log	Well #: KIIO
7. Mississippi bepartin	ent of Environmental Quality d and Water Resources	Aquifer:
P.(	O. Box 2309 n, MS 39225-2309	E-Log #:
(60	D1)961-5210	
	360-0535 (fax)	
State Law requires that this report be prepared by the li Department at the above address within 30 days of comp		
Well Owner Information		nole Location
(Landowner if borehole is not for a water well)	.atitude: <u>3450,68</u> 6Lon	gitude: 89°30.816
Owner Name: William Kart	34-50-41 Wethod of Lat/Long (check one)	89 -30 -53 : Conventional Survey,
Mailing Address: 006 of the 1)		14
	JSGS quad, Hand-held GF	
	NE 14 NE 14, Sec	9 735 R3W
	4 Miles NE of	Holly Sysings (Nearest Town)
Telephone No. (901) 461 5399	(Distance) (Direction)	(Nearest Town)
Well / Bo	řehole Data	
Date drilling started: 12-29-16 Date drilling completed: 1		Hole diameter:
Location of the source of any surface water used for drilling	•	
Method of dosing and volume of Chlorine used in drilling and		
Logs run (circle all applicable): (No log run) Electric Gamma		
Name of organization running log(s):		**************************************
Purpose of borehole (circle one): Water Well Geotechnica	al/Geological Investigation (	round Source Heat Pump
Seismic Survey Other (de	escribe).	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
If drilling is not related to water well con	struction, skip the remainder	of this block
Purpose of Well (circle all applicable) Home industrial	Public Supply Irrigation F	ish Culture

Static Water Level: 

Static Water Level: 

Steel [above or below] land surface Date measured: 

Circle one) Steel tape Electric tape Air line Other (describe): 

Well depth: 

Well grouted to a depth of: 

Casing length: 

Steel tape Electric tape Air line Other (describe): 

Well depth: 

Well grouted to a depth of: 

Casing length: 

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Other (describe)

Screen length: 16 feet Screen diameter: 4 inches Type of screen: PUC

Screen slot size: <u>. 013</u> inches Setting depth: From <u>132</u> feet to <u>142</u> feet

Type of completion (circle all applicable): Gravel 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.

Other (describe):

If a flowing well, method of flow regulation: Valve

JAN 3 2017

## STATE WELL REPORT

## Permit #: 0/62 Driller Carperter Date completed: 12-27-16 Copy information from block on Part 1

## Part 2

## Pump Installer Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:
Well#: KIIO
Aquifer:

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 Mailing Address: USGS quad\_\_\_\_\_, Hand-held GPS\_\_\_\_, Survey-grade GPS\_\_\_\_\_ NE 14 NE 14. Sec 9 (Direction) Pump Type (circle one) Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 12-29-16 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 Depth: \_\_\_\_\_\_\_\_feet Number of Stages: \_\_ Pump Test Data for Non Flowing Well Date Well Tested: 12-29-16 Duration of Pump Test (minimum 4 hours): 4 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. \_GPM with a drawdown of \_\_\_\_\_\_ feet after \_\_ \_hours of pumping Meter Installation Meter Serial Number: 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 (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 MDEO website,

I HEREBY CERTIFY that the above statements are true to the	boot of my knowle	da .		
THEREBY CERTIFY that the above statements are tide to the	pest of thy knowle	age.	ŀ	
			Dark Daniel (2000)	N
				\/ <b> </b>
Larry Carpenter # 0163	12-19-16	Lan Cansen		. 17 5
Print Name of Pump Installer and License No. (if applicable)			<del></del> ]	
Print Name of Pump installer and License No. (If applicable)	Date	Signature of Pump Insta Form: OLW	tter in the off	2017
	<del></del>	C 01.W	D CITIES SIDA ( ASI Y	,, ZUI/
		rom: ULW	K-5WK-1D (4/ /3	j }

HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, f applicable, and state laws.  Sarry Carpenter #0163 122916 Lawy Carpenter	County: Marsha		•	l l	Office Use	Only:	•
If well telescapes, show depths on sketch,  Ground Level  Description of Formations Encountered From (depth) To (depth)  Ground Level  Description of Formations Encountered From (depth) To (depth)  Ground Level  Surface Soul 0 1/4  The Red Soul 1/4 4/0  The Red So	Permit #:	<del>)</del>	&F	Well #:	KIIO		
Description of Formations Encountered  From (depth)  Ground level  Surface Soul   14   40    The land Soul   14   40    The land Soul   14   40    The land Soul   10   5    White Clory   8   4   10    White Clory   8   4   10			<u>Description of formations en</u> and boreholes, unless specifi	countered m	ust be provide ed by regulati	ed for all wells ions	
If more than one screen, show location of each on sketch  leading 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) north arrow  Library  Library  Library  Library  Library  Location  HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, applicable, and state laws.  Lawry Carpenter #40163 12 2 9 M. Lawry Carpenter ECEIN		<u>lepths on sketch</u> .	Description of Formations Enco			To (depth)	
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Andowner Name: Williams Ray  Hereby Certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, applicable, and state laws.		,	White Con	on Soul	105	142	
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