County: marshall Permit #: Date drilling completed: 12-

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)961-5210 (601)360-0535 (fax)

For Office Use Only:
Well #: 198
Aquifer:
E-Log #:

Well or Borehole Location

2 Longitude: 89 3 =

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.

Owner Name: John Ford 48 50 26				
Mailing Address: 1735 Highway 7 N Method of Lat/Long (check one): Conventional S				
USGS quad, Hand-held GPS, Survey-gr	ade GPS			
Holly Springs 175 38635 NE 14 NE 14, Sec 19 T 35 City State Zip Code 1 W 1007 h 11/10 500	R2W			
Miles NOW of Holly 10	ing			
Telephone No. (663, 353. 4873 (Distance) (Direction) (Nearlest	Town)			
Well / Borehole Data				
Date drilling started: $\frac{12-27/3}{4}$ Date drilling completed: $\frac{12-27-13}{4}$ Hole depth: $\frac{102}{4}$ Hole diamete	r: <u>8 ~</u>			
Location of the source of any surface water used for drilling:	91 4			
Method of dosing and volume of Chlorine used in drilling and development: Veld Chlorine to 1000	Hol. 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 (circle one): Water Well Geotechnical/Geological Investigation Ground Source Hea	t Pump			
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture	Ì			
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 50 feet [above or below] land surface Date measured: $12-27-$ (circle one)	-/3			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 10 feet Type of grout (circle one) Neat Cement Be				
Casing length: 92 feet Casing diameter: 4 inches Type of casing:				
Screen length: 10 feet Screen diameter: 4 inches Type of screen:	í			
Screen slot size: $\frac{013}{100}$ inches Setting depth: From $\frac{92}{100}$ feet to $\frac{102}{100}$	feet			
Type of completion (circle all applicable) Gravel packed Underreamed Open hole Natural Develo	pment			
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)

County: Marshall	For Office Use Only:				
Permit #: <u>0 - 162</u>			Well #: _	L58	
The sketch below only required for water wells	Description of	formations e	ncountered	must be provide	ed for all wells
If well telescopes, show depths on sketch.	and boreholes	unless specij	fically exem	pted by regulati	ons
Ground Level	Description of F	ormations Enc	ountered	From (depth) Ground level	To (depth)
	Surfa	re So	A	0	15
	net.	Red Sa	L	15	32
	Tred &	White 5	and	32	50
	White	Clas		50	64
		11/1			
	Coarse	white	Soul	64	102
		1887			
ľ					
If more than any and a little in the second					
If more than one screen, show location of each on sketch			. 1		
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid 3) any roads, power lines, or other items that may aid in lo	in locating the we ocating the proper	ll ty and the well	North)	
	N				
	Crinemay			-	
	May	<u> </u>	1/2/	-	ra 💃
House	_		13		
Property Well	1/1/	7	*		
1/ell			3/0		: J 781.
W.			H		
2 . 2 .			1		
Landowner Name: John Ford					
I HEREBY CERTIFY that the well/borehole was drilled, cor requirements of the Mississippi Department of Environme if applicable, and state laws.	nstructed, and contail Quality and	ompleted in a the Mississip	accordance pi Departmo	with all applica ent of Health re	able egulations,
Sarry Carpenter #0-162 12	- 18-13	Las	ry Co	gserta	
Print Name of Responsible Licensee and License No.	Date		Signature	of Licensee Form: OLWR-S	WR-1A (4/13)

STATE WELL REPORT

County: _ marshall Permit #: Date completed: Copy information from block on Part 1

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 (601)961-5210

For Office Use Only:	•
Well#: 上うと	
Aquifer:	

(601) 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 Owner Name: ___ Latitude: 34'54.522 tongitude: 89'32.872 Method of Lat/Long (check one): Conventional Survey____ USGS quad_____, Hand-held GPS_X Survey-grade GPS_ Miles North of Ho 252.4873 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 12 27-13 Rated Pump Capacity: 12 Gallons Per Minute 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: 80 feet Number of Stages: ___ Setting Depth: Pump Test Data for Non Flowing Well Date Well Tested: 12-27-13 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 57 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. Well yielded _ ___GPM with a drawdown of ___ _feet after__ ____hours of pumping Meter Installation Meter Manufacturer: _____ Meter Serial Number: 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 MDEQ website. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable)

Date

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

Signature of Pump Installer