County: Marshall	
Permit #: 0-162	
Driller: Farry carpente	ev
Date drilling completed:	

Owner Name: \_\_\_

Mailing Address:

(Landowner if borehole is not for a water well)

harles Vaug

## 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 #: N15
Aquifer:
E-Log #:

33 SÉ

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

Well or Borehole Location

Latitude: 34'48.619 Longitude: 89'26

Method of Lat/Long (check one): Conventional Survey\_

43 48

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

USGS quad, Hand-held GPS
Holly Spring MS 38634 NE 14 NE 14, Sec 24 T 45 R 4W State Zip Code
Telephone No. (662) 812-9788 [Distance] (Direction) (Nearest Town)
Well / Borehole Data
Date drilling started: 1-1-14 Date drilling completed: 1-1-14 Hole depth: 160 Hole diameter: 8
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development 2 M. Chlorine to 1010 B. Wa
Logs run (circle all applicable): No log run (Flectric) Camma Pay Danita C
Name of organization running log(s):
Purpose of borehole (circle one): Water Well Geotechnical/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 (circle 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: 125 feet [above or (below) land surface Date measured: 1-1-14
method of measurement (circle one): Steel tape   Electric tape   Air line   Other (describe):
Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite   Mix
Casing length:
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 100
Screen slot size: . 013 inches Setting depth: From
VPE of completion (circle all applicable) front and analysis
Other (describe):
op of lap pipe or reduction in casing:feet
If telescoped or more than one screen, describe on next page

Permit #: 0-162.	For Office Use Only:  Well #:		
The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations encountered and boreholes, unless specifically exem	must be provide pted by regulati	d for all wells ons
Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)
	Surface Soil	υ	19
	med. Red Sand	19	40
	Fire White Sand	40	ŞZ
	White Clay	82	90
	net. White Sand	90	120
	White Coarse Sort	120	160
		, , , ,	
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  3) any roads, power lines, or other items that may aid in layouth arrow	in locating the well ocating the property and the well		
	\z\\	ho	th
House 1			/
Divening 1			
Landowner Name: Charles Vaughn			
I HEREBY CERTIFY that the well/borehole was drilled, co requirements of the Mississippi Department of Environme if applicable, and state laws.	nstructed, and completed in accordance ental Quality and the Mississippi Departm	with all applica ent of Health re	able egulations,
Sarry Carpenter # 0-162 Print Name of Responsible Licensee and License No.	1-2-14 Lang Ca Date Signature	of Licensee Form: OLWR-S	~

## STATE WELL REPORT

Permit #: 0-16 2

Driller: Lavry Carperter

Date completed: 1-14

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 (601) 360-0535 (fax)

For Office Use Only:
Well #:
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 Location Owner Name: Charles Vaughn Latitude 34'48. 619 Longitude: 89' 26. 517 Mailing Address: 39/3 Method of Lat/Long (check one): Conventional Survey\_\_\_\_\_, USGS quad\_\_\_\_\_, Hand-held GPS\_X\_, Survey-grade GPS\_ 14 \_\_\_\_\_14, Sec <u>24</u> T <u>48</u> R 4 W East of marianna Telephone No. (662) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_\_ Date Pump Installed: /-/-/4 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: Setting Depth: \_\_\_\_\_\_\_feet Number of Stages: \_\_\_ Pump Test Data for Non Flowing Well Date Well Tested: \_\_\_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_ hours Static Water Level (A): 125 Feet Below Land Surface Pumping Water Level (B): 130 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 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

Larry Ca Signature of Pump Installer

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