1 11	State v	Vell Report		
County: Marshall Part 1 - Driller's Log		For Office Use Only:		
Permit #: _ O - 162	Mississippi Department of Environmental Quality		Aquifer:	
1	Office of Land and Water Resources			
Driller Larry Carpenter		Box 10631	Well#:S 63	
Date drilling completed: 6-21-2012		MS 39289-0631	L. S. Elevation:	
Sate arming completed		)961-5210 4 6038 (5)		
	(001)33	4-6938 (fax)	E-log #:	
State Law requires that this report	be prepared by the lie	ense holder resnonsible for t	he work and filed with the	
Department at the above address w	vithin 30 days of comp	pletion of drilling of the well	or borehole	
information on Well Ov	vner	Well or Bo	rehole Location	
(Landowner if borehole is not for	a water well)	31. 51. 12	20 00	
Owner Name Harold Ru	chardson	1 20	" Longitude: <u>89 · 29 · 458</u>	
Mailing Address: 1209 Old	O Offord Rd	Method of Lat/Long (circle one	e): Conventional Survey,	
			GPS Survey-grade GPS	
Waterford ins	38685 Zip Code	NW 14 NW 14 Sec 35		
Telephone No. (662) 252 860	•	Distance Direction  Miles South o	Nearest Town f Walerford	
	Well / Bore	hole Data		
Date drilling started: 6 2/12 Date drilli				
Location of the source of any surface water u Method of dosing and volume of Chlorine u	sed in drilling and develo	opment: 12 Pl (1)	in to want the to	
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray		1	
Purpose of borehole (check one): Water Well	X Geotechnical/Geolo	gical Investigation Ground S	Source Heat Pump	
Seismic Sur  If drilling is not related to	veyOther (describe)	skin the name index of this 11		
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): HomeIndu	strial Public Supply_	Irrigation Fish Culture	_ Other:	
If a flowing well, method of flow regulation:				
Static Water Level: / 50 feet above	e oxbelow)(circle one) la	nd surface Date measured:	6-21-12	
Method of Measurement (circle one) steel	tape electric tape	air line other:		
Well depth: 200 Well grouted to a depth of 16 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 196 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: / O feet Screen diameter:				
Screen slot size: 10/3 inches Setting depth: From 190 feet to 200 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
		4.		
Top of lap pipe or reduction in casing:		<u>coped or more than one screen.</u>		

feet. If telescoped or more than one screen, describe on next page

Form: OLWR RECEIVED

Ī	f well	telescopes,	show	depths	on	sketch.

Ground Level.

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	Ü	19
ned. Red Sort	19	42
Wed. White Sand	42	80
Ushite Clay	80	98
med White Sord	98	150
White Clay	150	154
Course White Soul_	154-	200

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 structure aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well in the well location; 2) any permanent structure.	tures on the properties	roperty that may
4) a north arrow.	and the prop	orty and the wen,
2/ 5/		
K		
9/6		13.00
blotland Pl		
our was		4 5
Thinemay 1		
J JOKK		
/ Liebbara		
Hanna Ril		
Landowner Name: Harold Rechardson		7
		Form: OLIMP CIMP 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

arpenter 0-162 6-23-12

Print Name of Responsible Licensee and License No.

## STATE WELL REPORT

## County: <u>Marshall</u> Permit #: <u>0-163</u> Driller: <u>Savy Carpenter</u> Date completed: <u>6-21-2013</u>

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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For (	Office Use Only:	
Aquifer:		
Well #:	563	
Elevation: _		

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

Well Owner Information
Owner Name: Harold Richardson
Mailing Address: 1209 Old Opford Rd
Waterford, MS 38685 City State Zip Code
Telephone No. ( <u>663</u> <u>252</u> - <u>8607</u>

Well Education
Latitude: 34 36 636 Longitude: 89 29. 453
Method of Lat/Long (check one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS, NW 4 NW 4 Sec 35 T 55 R 3 W
NW 4 NW 4 Sec 35 T 55 R 3W
Distance Direction Nearest Town
2 Miles South of Water Land

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	g of Motor:	
Date Pump Installed:	6-21	-12	Setting Depth:	170	feet
Rated Pump Capacity	10	Gallons Per Minute	Number of Stages:	11	3.

Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 6-21-12	Circle one	
Static Water Level (A): /50 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
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		

I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge.	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	11111 1 2012
		OI MR-SMP 1B

BY: OLWR