4	STATE WELL REPORT	<u> </u>
County: Marshall	Part 1	For Office Use Only:
Permit #: 0-162	Driller's Log	Well #: <u>\$70</u>
Driller: Larry Carpenter	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Date drilling completed: 5-31-14	P.O. Box 2309	E-Log #:
	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report Department at the above address w	be prepared by the license holder responsible for to ithin 30 days of completion of drilling of the well o	he work and filed with the or borehole.
Well Owner Informati	on Well or Bore	hole Location
(Landowner if borehole is not for	Latituda, 2// 4/17/91 am	gitude: 19 23, 55#
Owner Name: Telesa T	10mpson 39-23	33 28
Mailing Address: 3321 Wilbin	a cippe in	1.
	USGS quad, Hand-held GF)
Holly Spring MS City State	38635 NE_14 NW_14, Sec_	18 V T 55 × R 36
1	Zip Code	Lama Hill
Telephone No. (662) _ 216-6	278 (Distance) (Direction)	(Nearest Town)
	Well / Borehole Data	
Date drilling started: 5-31-14 Date	drilling completed: $\frac{5-31-1y}{2}$ Hole depth: $\frac{195}{2}$	7 1141- 41 8 "
	ater used for drilling: Well Wa	
	e used in drilling and development: <u>/2 /4 / Char</u>	
Logs run (circle all applicable): (No log ru	D Electric Gamma Ray Density Sonic Neutron	n Other:
Name of organization running log(s):		
Purpose of borehole (circle one): Water	Wel Geotechnical/Geological Investigation G	round Source Heat Pump
Seismid	Survey Other (describe)	
If drilling is not rela	ed to water well construction, skip the remainder o	of this block
Purpose of Well (circle all applicable):(H	3	sh Culture
Other (describe):		sh Culture
If a flowing well, method of flow regulat	cion: Valve Other (describe)	- Ky
Static Water Level:feet [above or below land surface Date measured:	6-2-14
	el tape Electric tape Air line Other (describe):	4
Well depth: 197 Well grouted to a d	epth of: 10 feet Type of grout (circle one):	eat Cement Bentonite Mix
Casing length: 177 feet Casi	ing diameter:	sing: PUC
	reen diameter:inches Type of sc	reen: PVC
Screen slot size:inches	Setting depth: Fromfeet_to	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

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

	Surface Soil	d	22
	nel no co	3 7	4. 7
	Then flex Jana	22	43
	net, White Soul	43	\$5
	White Clay	85	98
	mel White Sand	98	160
A to Libraria	Coal White Sand	160	197
3 4 5 1 6 3 5 5 5			
2 4 5 6 7 2 2			
than one screen, show location of each on sketch			
e well location by permanent structures on the property that may by roads, power lines, or other items that may aid orth arrow	in locating the property and the well	1	REC
y permanent structures on the property that may y roads, power lines, or other items that may aid	y aid in locating the well I in locating the property and the well Huy Unlain Change	e pa	BY: OLV
by permanent structures on the property that may by roads, power lines, or other items that may aid with arrow	in locating the property and the well	and the same of th	BY: OLV
by permanent structures on the property that may by roads, power lines, or other items that may aid with arrow	in locating the property and the well	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REC. SUN 20
by permanent structures on the property that may by roads, power lines, or other items that may aid with arrow	in locating the property and the well	Jan Halle	BY: OLV
er Name: Teresa Thompo CERTIFY that the well/borehole was drilled ents of the Mississippi Department of Environment of Enviro	in locating the property and the well	with all applient of Health	
er Name: Teresa Thomps	Huy Huy House	with all appliant of Health	

For Office Use Only:

S70

From (depth)

Ground level

To (depth)

Well #: ____

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

Description of Formations Encountered

County: Marshall

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Permit #: 0-162

Ground Level

STATE WELL REPORT

County: Marshall Permit #: 0-162 Driller: Larry Carpenter Date completed: 6-2-14 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

For Office Use Only:			
Well #:	S70		
Aquifer:			

(001) 300-0	3333 (lax)			
This part of the report must be completed by a licensed water well of the report must be attached and both parts filed with the Departs	contractor or a licensed pump installer. A copy of Part I			
of the report must be attached and both parts filed with the Departm	Well Location			
	ude: 34 56, 939 Longitude: 89 23, 554			
	od of Lat/Long (check one): Conventional Survey 39,			
	1.			
11 11 6	quad, Hand-held GPS, Survey-grade GPS			
City Spring MS 3863.5 City State Zip Code	1E 1/4 NW 1/4, Sec 18 T 55 R 3W			
Telephone No. (662) 252-6378 (Dist	Miles Miles (Direction) of Lows Hill (Nearest Town)			
Pump Type (cir	cle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet				
Date Pump Installed: 6-2-14 Rated Pump Capacity: Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacement				
Power Type (cir	rcle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill				
Horse Power Rating of Motor: 34 Setting Depth:				
Dump Tost Data for No	- Floring Wall			
Pump Test Data for Non Flowing Well Date Well Tested: 6-2-14 Duration of Pump Test (minimum 4 hours): 4 hours				
Static Water Level (A): 165 Feet Below Land Surface Pu				
Drawdown [(B) - (A)]: Feet Below Land Surface				
	Test Pumping Rate: Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tape A Pump Test Data for	ir line Other (describe):			
Measured shut in head:feet.	J/1/2			
	feet afterhours of pumping			
Well yieldedGPM with a drawdown of	reet arternours or pumping			
Meter Install	ation			
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 For agricultural wells, a list of approved	g that this meter was installed to manufacturer standards. 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)

6-2-14 Date

Signature of Pump Installer

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