	State W	ell Report	v. o.i	
Part 1 - Driller's Log		For Office Use Only:		
County: Monrot	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: 0113	
Driller: Thomas Rossi (0509)	P.O. B	ox 10631		
	Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 1-28-13		961-5210 1-6938 (fax)	E-log #:	
	, ,			
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.				
Information on Well	Owner	Well or Bo	orehole Location	
(Landowner if borehole is not f	for a water well)	Latitude: 33 . 48 . 21	" Longitude: <u>88° 37</u> ' <u>08</u> "	
Owner Name (15 m)th		Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 6465 Brand UNA Rd		USGS quad, Hand-held GPS, Survey-grade GPS		
3	f.c.		4 Twn 15 5 Rng 6 E	
Prairie M	5 39756	8 1/4 Sec 1/4	1WI 155 King 6 K	
City Sta	S 39756 ate Zip Code	Distance Direction	Nearest Town	
		Miles W	of Praire	
Telephone No. (662) 319-7	913			
	Well / Bore	hole Data		
Date drilling started: 1-21-13 Date drilling completed: 1-28-13 Hole depth: 360 Hole diameter: 9"				
Location of the source of any surface water used for drilling:				
Logs run (circle all applicable): (No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):				
Purpose of borehole (check 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 (check one): Home Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulati	ion: Valve (Other (describe)		
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 360 Well grouted to a depth of 30 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 340 feet Casing diameter: 4 inches Type of casing:				
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC				
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
To affect a secondarion in assing:	fact If to	elescoped or more than one sci	reen describe on next nave	

MAY 02 2013

Form: OLWR-SWRIAVED

The sketch below only required for water wells

If 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		To (depth)
	Ground Level	
Clark	0	20
Rock	20	23
Rive Rock	23	60
Riotrock	60	160
Rosk	160	631
Rivebook	163	280
Rock	280	282
find telegratific	842	300
Scalt cleastin	000	250
rand	320	340
stand	340	380
		_
		-

If more than one screen, show location of each on sketch

cetch the property layo	out and include	he following: 1) the well any roads, power lines,	Il location; 2) any per or other items that n	manent structures on t nay aid in locating the	the property that may property and the well;	
4) a north	arrow.					
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2 2 4		0) •		HAN 38	2	
Balking						
1100						
andowner Name:				10.0	/	
					Form: OLWR	-SWP

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 laws.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MAY 0 2 2013

BY: OLWR

STATE WELL REPORT

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 #:	0113	
Elevation	:	

Date completed: 1-28-13	(601)961-5210 (601)354-6938 (fax)
Copy information from block on Part 1 This part of the report must be completed by a licensed wat	ter well contractor or a licensed pump installer. A copy of Part 1 of the
report must be attached and both parts filed with the Deput	rtment at the above address within 30 days of well completion. Well Location
Well Owner Information	
Owner Name: QI & MITh	
Mailing Address: 6465 Brand una	Method of Lat/Long (check one): Conventional Survey ,
Prairie	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	
City State 24 Cost	Distance Direction Nearest Town
Telephone No. ()	Miles West of Prarre
	Power Type
Pump Type	Circle one
Circle one	
Air Lift Jet Submersible	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
	Horse Power Rating of Motor: 1 H 6
Other (specify):	
Date Pump Installed:	Setting Depth: 290 feet
Rated Pump Capacity: 12 Gallons Per Mi	inute Number of Stages:
Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Feet Below Land St	Other (specify).
Pumping Water Level (B): 28 Feet Below Land Su	urface
Drawdown [(B) – (A)]:Feet Below Land St	
Test Pumping Rate: Gallons Per M	finute Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hoursfeet afterhours of pumping
LUEDED CEDITIES that the above statements are true to	to the best of my knowledge.

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	RECEIVED
Thomas Rossi 0509	Signature of Pump Installer	SCHOOLIVE
Print Name of Pump Installer and License No. (if applicable)	Signature of 1 ump instance	Form: OWNR-SWR-1813