county: Pontotoc	SI
Permit #: Driller: Scott Holcomb Date drilling completed: 2-3-/6	Mississip Of
State Law requires that this report	t be prepar

Owner Name: <u>Sco</u>

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 #: <u> </u>	
Aquifer:	
E-Log #:	

Well or Borehole Location

Method of Lat/Long (check one): Conventional Survey_

58.89 Longitude: 59° / 47.38

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.

Mailing Address: 8367 Hwy 15 N	method of Latt Long (Lineth one). Conventional Survey
Matting Address:	USGS quad, Hand-held GPS, Survey-grade GPS
Ecru M5 3884/ City State Zip Code	SW 1/4 SW 1/4, Sec 19 T 85 R 3 E
Telephone No. (<u>662</u>) <u>509 - 023 1</u>	(Distance) (Direction) (Nearest Town)
Well / B	orehole Data
Date drilling started: 2-2-16 Date drilling completed:	2-3-16 Hole depth: 140 Hole diameter: 74
Location of the source of any surface water used for drilling	ng: - Used Feru City Water
Method of dosing and volume of Chlorine used in drilling a	nd development: > 5 PPM
Logs run (circle all applicable): No log run Electric Gamr	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one) Water Well Geotechni	cal/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)
If drilling is not related to water well c	onstruction, 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	
Static Water Level: 73 feet [above or below (circle one)	r] land surface Date measured: 2-4-16
Method of measurement (circle one); Steel tape Electric	tape Air line Other (describe):
	feet Type of grout (circle one): Neat Cement Bentonite
Casing length: 120 feet Casing diameter:	4 inches Type of casing:
Screen length: 20 feet Screen diameter:	19 inches Type of screen: PUC
Screen slot size: , O 1 O inches Setting depth	: From <u>/40</u> feet to <u>/20</u> feet
Type of completion (circle all applicable): Gravel packed	> Underreamed Open hole Natural Development
Other (describe):	FEB 22 2000
Top of lap pipe or reduction in casing:feet	The second describe on next page
If telescoped or more than	one screen, describe on next page Form: OLWR-SWR-1A (4/13)

County: Pontotoc		For Office Use Only:
Permit #:	We	ut #:
The sketch below only required for water wells	Description of formations encour and boreholes, unless specifically	stered must be provided for all wells
If well telescopes, show depths on sketch.	Description of Formations Encounter	
Ground Level	Top Clay	Ground level 3
fall 1/2	Red Sand Clay M	1ix 3 18
10' Grout	Grey Clay	18 76
(1) 1/2 ·	Grey Silt.	76 94
	Brown Sand	94 105
120' DVC 4"	Rocky Silt Mis	1
120 70	Sand	112 140
120' PVC 4" Case		
7. i Gravel Pack		
5 6 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
20' PUC 7		
20' PUC 4"		
If more than one screen, show location of each on sketch		
If fiftig that the screen, show location of each on sketch		
sketch the property layout and include the following:	-	№ 1)
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a	id in locating the well	Tnorth
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid ir	id in locating the well n locating the property and the well	Tnorth
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Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid in 4) north arrow Landowner Name: Scott Holean h	constructed, and completed in ac	Mi-> To Ecru Hwy 345
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid ir 4) north arrow Landowner Name: Scott Holcomb	constructed, and completed in ac	To Ecru Hwy 345 cordance with all applicable Department of Health regulations,
Landowner Name: Scott Holcomb Landowner Name: Scott Holcomb I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Enviror	constructed, and completed in ac	Mi-> To Ecru Hwy 345

Permit #: Driller: Scott Holcomb Date completed: 2-3-14 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 #: C115		
Permit #:		
Driller: Scott Holcomb Date completed: 2-3-14 Copy information from block on Part 1 Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)		
Date completed: 2-3-16 Copy information from block on Part 1 P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)		
<u>Copy information from block on Part 1</u> (601) 961-5210 (601) 360-0535 (fax)		
(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 Well Location		
Owner Name: <u>Scott Holcomb</u> Latitude: 34 21 5886 "Longitude: 85° 1' 47.38"		
Mailing Address: 8367 Hwy 15 N. Method of Lat/Long (check one): Conventional Survey,		
USGS quad, Hand-held GPS V, Survey-grade GPS		
Ecru Ms. 38841 SW 14, Sec. 19 T 85 R 3 E		
Telephone No. (662) 509-0231 Telephone No. (662) 509-0231 (Distance) (Direction) (Nearest Town)		
Pump Type (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):		
Date Pump Installed: 2-4-16 Rated Pump Capacity: 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: 44 Setting Depth: 100 feet Number of Stages: 8		
Pump Test Data for Non Flowing Well		
Date Well Tested: 2-4-16 Duration of Pump Test (minimum 4 hours): 8 hours		
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): 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 yieldedGPM with a drawdown offeet_afterhours 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.		

Scott Holcomb UNR 6593
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer
Form: OLWR-SWR-1B (4/13)