County: PRENTISS
Permit #:
Driller: PARKS & PARKS
Date drilling completed: 11 1013

STATE WELL REPORT

Part 1

Driller's LogMississippi 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:
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.

Well Owner Information

Well or Borehole Location

(Landowner if berebale is not for a water well)	well or Borenole Location
(Landowner if borehole is not for a water well)	Latitude: 34. 647135 Longitude: -88.57/863
Owner Name: Casey Lott	38 50 34 19
Mailing Address: 100 South Main ST	Method of Lat/Long (check one): Conventional Survey,
P.O. Box. 382	USGS quad, Hand-held GPS, Survey-grade GPS
Booneville MS 38818	SE 14 NW 14, Sec 16 T 55 R 7E
City State Zip Code	1/2 Miles South of Booneville
Telephone No. ()	(Distance) (Direction) (Nearest Town)
	orehole Pata WWW Hole depth: <u>380</u> Hole diameter: <u>\$</u>
Location of the source of any surface water used for drilling	ng:
Method of dosing and volume of Chlorine used in drilling a	nd development: <u>SPPM</u>
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	We the second se
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 co	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	Other (describe)
Static Water Level: 179 feet [above or below (circle one)	land surface Date measured:
Method of measurement (circle one): Steel tape Electric t	tape) Air line Other (describe):
Well depth: 30 for	eet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length:feet Casing diameter:	inches Type of casing:
Screen length:feet	inches Type of screen:
Screen slot size:inches Setting depth:	From <u>340</u> feet to <u>380</u> 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 o	ne screen describe on next nage

County: PRENTISS Permit #: N/A		For	Office Use	Only:
The sketch below only required for water wells	Description of formations enc	ountered n	nust be provide	ed for all wells
	and boreholes, unless specific	ally exemp	ted by regulati	ons
If well telescopes, show depths on sketch.	Description of Formations Encour	ntered	From (depth)	To (depth)
Ground Level	•		Ground level	
Cement	Red SAMD		0	25
	Clay Sans + Rock		کد	94
1	Clay	'	94	267
	CAYA SAN	0/4-	207	30/
	GREEN SAMOY	CIAG	39/	23.2
	<u>>₩</u> Д		<u> </u>	380
	0.10			
340 -11/400				
- 540 -4 CASAN				
340-4"CASING 2 SICS Holophia GARNEL PACK 40'-4"SCREEN				
المرابعة				
CAAVEL PACK				
40/-16/1500000				
TO TO SCREEN				
380-TD			-	
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 location in the property of the property that may aid in location in the property that may are	in locating the well ocating the property and the well			
		;		e e e
	机分3.9 (m3.)		(413)	
		÷7	en in the second of the second	
Landowner Name:				
I HEREBY CERTIFY that the well/borehole was drilled, correquirements of the Mississippi Department of Environme if applicable, and state laws. Print Name of Responsible Licensee and License No.	nstructed, and completed in acental Quality and the Mississipp 11 27 Date	i Departm	ent of Health Land Of Licensee	regulations,
		,	Form: OLWR-	SWR-1B (4/13)

STATE WELL REPORT

County: Permit #: Driller: 11 Date completed: 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 #:	
Aquifer:	

(601)	360-0535 (Tax)					
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.					
Well Owner Information	Well Location					
Owner Name: CASey LOTT	Latitude: 34.647135 Longitude: 788.57/863					
Mailing Address: 400 South Main St	Method of Lat/Long (check one): Conventional Survey,					
P.O. Box 32	USGS quad, Hand-held GPS, Survey-grade GPS					
City Boo Neville MS 38835						
	Miles 500th of Donneville					
Telephone No. ()	(Distance) (Direction) (Nearest Town)					
Pump Typ	e (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):					
Date Pump Installed: R	ated Pump Capacity:					
Is This Pump (circle one): New Repaired Replacemen	Is This Pump (circle one): New Repaired Replacement					
Power Type (circle one)						
Electric Diesel Gasoline Natural Gas Tractor PTO Wind						
Horse Power Rating of Motor: 3 Setting Depth	n: 252 feet Number of Stages: 16					
Pump Test Data f	or Non Flowing Well					
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): 216 Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surfa	ace Test Pumping Rate: Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric ta	Air line Other (describe):					
Pump Test Date	a for Flowing Well					
Measured shut in head:feet.						
Well yieldedGPM with a drawdown of	feet afterhours of pumping					
Meter in	nstallation					
Meter Manufacturer:	Meter Serial Number:					
Meter Model Number/Name:	Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal)	< 1000, etc):					
Is This Meter (circle one): New Repaired Replacemer						
Important: By submitting the above information you are cer For agricultural wells, a list of app	tifying that this meter was installed to manufacturer standards. roved meters is on the MDEQ website.					

I HEREBY CERTIFY that the above statements are true to the	best of my knowledge		
	/ r	"////	///
TAUBURN MARKS 0-414	11/27/13 4	Tarburg	tala
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump	
			011110 01110 011111

Form: OLWR-SWR-2A (4/13)