·	STATE	WELL REPO	ORT.				
County: Rankin	Part 1		For Office Use Only:				
Permit #:	Driller's Log		Well #: <u>\$74</u>				
Driller: Wed Walasson	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:				
Date drilling completed: 816-16		P.O. Box 2309 on, MS 39225-2309		E-Log #:			
) (601)961-5210	I				
	•	1)360-0535 (fax)					
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 Informat (Landowner if borehole is not for		i		hole Location			
Owner Name: David R		Latitude: 32°C	29'00' Lon	gitude: 89° 41' 35"			
Mailing Address: 23 6CD 12		Method of Lat/Lo		89 - 48 - 25 Conventional Survey,			
mating sources, grant 12	-	USGS quad,	Hand-held GI	PS, Survey-grade GPS			
Maces M5	29111	SENW NU	ラピ ダ <u>ー</u> ¼, Sec_	29 T UN RSE			
City State	Zip Code	į.		Duckett			
Telephone No. (1901) 500 - i	1728	(Distance)		(Nearest Town)			
	Wall / D	orobolo Pata					
Well / Borehole Data Date drilling started: 8-14-16 Date drilling completed: 8-16-16 Hole depth: 290 Hole diameter: 65							
Location of the source of any surface w							
Method of dosing and volume of Chlorine used in drilling and development:							
Logs run (circle all applicable): (lo log run) Electric Gamma Ray Density Sonic Neutron Other:							
Namé of organization running log(s):							
Purpose of borehole (circle one): Water	Well Geotechni	cal/Geological Inves	tigation (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 (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: 135 feet [above or below] land surface Date measured: 8-16-16							
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):							
Well depth: 390 Well grouted to a depth of: 15 feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: 270 feet Casing diameter: 4 inches Type of casing: Prc							
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC 5/offed							
Screen slot size:OOSinches Setting depth: From							
Type of completion (circle all applicable	e): 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)

County: Dankin	Γ	For	Office Use	Only:
Permit #:	,		574	•
	Ĺ			
The sketch below only required for water wells	<u>Description of formations enco</u> and boreholes, unless specifica	untered i	nust be provid	ed for all wel
If well telescopes, show depths on sketch.				
Ground Level	Description of Formations Encount	tered	From (depth) Ground level	To (depth)
	SANOY CLAY		1	22
	CLAY		ว่า	79
	SAND	*	79	90
	Limeston . Iclay 3	160	90	207
	CLAY 7	/ 6.8	207	267
	Finesand+clays	the	267	290
	'			· · · · · ·
				†
		•		
		1		<u> </u>
			 	
If more than one screen, show location of each on sketch				
ketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well		↑ _N	
	Menzo	. •		
Indian Mound Tra	ail			
andowner Name: DANA Decl				
HEREBY CERTIFY that the well/borehole was drilled, equirements of the Mississippi Department of Environ applicable, and state laws.	constructed, and completed in accommental Quality and the Mississippi	cordance Departm	with all applic ent of Health	cable regulations,
David A West 0-672 int Name of Responsible Licensee and License No.) A. L	of Licensee	-

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

STATE WELL REPORT

Permit #: Driller: Wed Water Well Date completed: 81416 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 #:	S74			
A 25				
Aquifer: _				

(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: David Real Latitude: 30° 09' 10" Longitude: 89°49' 05" Mailing Address: 23 Method of Lat/Long (check one); Conventional Survey ___, Hand-held GPS_____, Survey-grade GPS Telephone No. (1901) (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____ Date Pump Installed: 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: Setting Depth: 26 _feet Number of Stages: _____ Pump Test Data for 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): _____ 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. ____GPM with a drawdown of ______ feet after ____ hours of pumping Meter Installation Meter Manufacturer: ______ Meter Serial Number: _____ Type of Meter:_____ Meter Model Number/Name: _____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____ Meter installed by: ___ Installation Date: 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	e best of my know	rledge.
David A West 0-672	8-25-16	Dull ur
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

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