125C0244

county: Sharkey
Permit #: 600-16689
Driller: T. NEWCOME 01773
Date drilling completed: 7/5//3

Well Owner Information

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 O	ffice Use O	
Well #: _	T->44	Cayl
Aquifer: _	<u>/-</u>	

E-Log #:

Well or Borehole Location

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 / B	orehole Data
Date drilling started: 7/5/13 Date drilling completed:	1/5//3 Hole depth: 11 Hole diameter: 24
Location of the source of any surface water used for drilli	ng: DTCH
Method of dosing and volume of Chlorine used in drilling a	and development: CHLOKINE TABLED
Logs run (circle all applicable): No log run Electric Gami	ma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): Water Well) Geotechn	ical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)
If drilling is not related to water well o	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:feet [above or below (circle one)	v] land surface Date measured:
Method of measurement (circle one): Steel tape Electric	
Well depth: 115 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: <u>15</u> feet Casing diameter:	inches Type of casing: P.V.C.
Screen length: 40 feet Screen diameter:	2.11
Screen slot size:inches	r: Fromfeet tofeet
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)

Permit #: Cold Aloce The sketch below only required for water wells If well telescopes, show depths on sketch. Ground Level	Description of formations eand boreholes, unless species Description of Formations Enc TOP SOIL CLAY FINE SAND MED. FINE SAND MED. COPUSE 5 COPUSE 5PAND PROTECTION	Well #: _ ncountered fically exemountered	From (depth) Ground level	d for all wall
Ground Level	Description of Formations Enc TOP SOIL CLAY FINE SAND MED. FINE SAND MED. COPUSE 5 COPUSE 5 NN P	ountered	From (depth) Ground level	To (depth) 30
Ground Level	Description of Formations Enc TOP SOIL CLAY FINE SAND MED. FINE SAND MED. COPASE S COPASE SAND P	ountered	From (depth) Ground level しい ろし しい	To (depth)
	TOP SOIL CLAY FINE SAND MED. FINE SAND MED. COPASE 13 COPKSE SAND PR	MO	Ground level い ろし し	10 30 60
15175 LF	CLAY FINE SAND MED. FINE SAND MED. COPASE ,3 COPKSE SAND /7	Chy	10 30 60 65	30
15"CH ING	MED. FINE SAME MED. COPASE ,S COPKSE SPAN /PI	Chy	30 60 65	<u> </u>
75 LF 16"CWING	MED. COMPSE ,3 COMES SAND PA	Chy	(5)	65
15"CHING	COPKSE SPAN P	SBB CR		
16"CWIN4		-RBUS	1 / 1	85
16"CH51N4	BOTTOM		85	(14
16"CH) INV			114	

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IV .			 	
1				
1141 -	1			
16 502000				
				
more than one screen, show location of each on sketch			<u>-</u>	
tch 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 4) north arrow	d in locating the well locating the property and the well			
S. S. E.E.	E MAP			
•				
downer Name:				
REBY CERTIFY that the well/borehole was drilled, co irements of the Mississippi Department of Environme plicable, and state laws.	onstructed, and completed in a ental Quality and the Mississipp	ccordance oi Departme	with all applical ent of Health reg	ole gulations,
HA NEWLOME 0.773 Name of Responsible Licensee and License No.	7/5/13	Den		
The state of the License No.	vare	Signature o	f Licensee Form: OLWR-SW	(0.44

STATE WELL REPORT

Part 2

Permit #: 6W-46689

Driller: J. Newcane 0.773

Date completed: 7/5/13

Copy information from block on Part 1

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson MS 39725-7309

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:	
well #: <u> </u>	
Aquifer:	

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 Location Well Owner Information Latitude: 32 58 20 Longitude: 90 52 Owner Name: _ JKM Method of Lat/Long (check one): Conventional Survey_ Mailing Address: 13 USGS quad_____, Hand-held GPS_X, Survey-grade GPS_ Telephone No. (Pump Type (circle one) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Submersible (Turbipe ____ Rated Pump Capacity: <u>25</u>つこ Gallons Per Minute 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: 604 Setting Depth: 70 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. O To Sto d
Well yieldedGPM with a drawdown offeet afterhours of pumping
Meter Installation

Meter Manufacturer:

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.

1111 States DUI-P HILLING PLA

Print Name of Pump Installer and License No. (if applicable)

Date Signa

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