	Stata W	ell Renort				
0 1	State Well Report		For Office Use Only:			
County: Stone	Part 1 – Driller's Log Mississippi Department of Environmental Quality		Aquifer:			
	Mississippi Departmen					
Permit #:	Office of Land and Water Resources P.O. Box 2309		well #:			
Driller: all Harrington		, MS 39225				
		961-5210	L. S. Elevation:			
Date drilling completed: 9/2/14	(601)961	1- 5228 (fax)	E-log #:			
State Law requires that this repor	rt be prepared by the lice	ense holder responsible for	the work and filed with the			
Department at the above address	within 30 days of comp	$memon of mum g of me \pi c$				
Information on Well (	Vell Owner Well or Borehole Location					
(Landowner if borehole is not f		m. 50.5	The Longitude: " OG, 9 Mar.			
an allan	a dain	Latitude: <u>20° 50', 575</u> Longitude: <u>99</u> 06,57, 53 Longitude: <u>51</u>				
Owner Name	er Name al alleranden ing Address: <u>F. Central ave</u> :		Method of Lat/Long (circle one): Conventional Survey,			
Million Address IT CRISTRA	land.	2 <sup>12</sup> 4				
Mailing Address: <u>F. Centural</u>		USGS quad, (Hand-held GPS) Survey-grade GPS				
		NE 1/4 NW 1/4 Sec 29 Twn 25 Rng //W				
n	MG ZaCAN	1VE 1/1 W 1/4 Sec_2	[ Twn / / Kng /			
Wiggens 1	119. <u>3951</u> 17 tte Zip Code	Die Die die	Namet Your			
City Sta	te Zip Code	Distance Direction	of Nearest Town			
Telephone No. ()						
· · · · · · · · · · · · · · · · · · ·	Well / Borg	hole Data				
Date drilling started: 9/2/14 Date d		1	1 7/0			
Date drilling started: 912/14 Date d	rilling completed: <u>9/2/</u>	Hole depth: ///	Hole diameter: 6 6			
Location of the source of any surface wat Method of dosing and volume of Chlorin	ter used for drilling:	1 I Call in	Fal and Astaph H-O			
Method of dosing and volume of Chlorin	he used in drilling and deve	expment: <u>19ki   16</u>	g l que marca in 2			
Logs run (circle all applicable): No log ru						
Name of organization running log(s):						
-	./					
Purpose of borehole (check one): Water Well_ $\mathcal{V}$ Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (describe)						
	4 10 WHEET WELL CONSTRUCT		611:07			
Purpose of Well (check one): Home	Industrial Public Suppl	ly Irrigation Fish Cultu	reOther: <u>[Offuct</u> ]			
If a flowing well, method of flow regulation	ion: Valve	Other (describe)				
		land surface Date measure	$\alpha \mid \alpha \mid$			
Static Water Level: 42 feet a	above or below (circle one)	iano suriace Date measure	nel			
Method of Measurement (circle one)	steel tape electric tap	e air line other:				
Well depth: /// Well grouted to a depth of / feet Type of grout (circle one). Neat Cement Bentonite Mix						
Casing length: <u>/// feet</u> Casing diameter: <u>/// inches</u> Type of casing: <u>PUC</u>						
Screen length: 10 feet Screen diameter: inches Type of screen:						
Screen slot size: 1008 inches Setting depth: From <u>100</u> feet to <u>110</u> feet						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
1 ) he or compression (on ore an abburgato	Other (describe):					
· · · · · · · · · · · · · · · · · · ·						
Top of lap pipe or reduction in casing:	feet. <u>[[]</u>	<u>elescoped or more than one s</u>				
L	<u> </u>		Form: QLWR-SWB-1A (04/08			
	د					
			SEP 2 3 2014			

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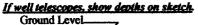
The main

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Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

## The sketch below only required for water wells



ound Level	Description of Formations Encountered		To (depth)
		Ground Level	
	Roll Class	$\mathcal{O}$	3
	Red & while mother		
	day	- 3'-	25
		+ DFT	POL
	Fine Dond W clos	1- 29-	100
	lennen		
	med + course son	V SAT	110
· · ·	in the Course part	9-00	+nc
			+
			+
	······································		+
1	······································		+

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 in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow. well looded woode 1-1104 26 E East central Chanden Landowner Name:

Form: OLWR-SWR-1A (04/08)

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. 19/14 AL HARRINGTON 0-564

1 kan larri

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

SEP \$ \$ 2014

	STATE W	ELL REPORT	For Office Line Only		
County: STONE	Part 2		For Office Use Only:		
	Fart 2 Pump Installer's Completion Report		Aquifer:		
Permit #:	Mississippi Department of Environmental Quality				
Driller: all Havingha	Office of Land and Water Resources		Well #: <u>C178</u>		
Phillippine Official	P.O. Box 2309 Jackson, MS 39225				
Date completed: <u>9/2/14</u>		ужа <i>59225</i> )961-5210	Elevation:		
Copy information from block on Part 1		51-5228 (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 fil			ll Location		
Well Owner Information		Latitude: 30° 50' 53. Longitude: 89°06 51.3"			
Owner Name: all allepanden		Latitude: <u>30°50 9</u> 7	Longitude: 07 06 91, 9		
Mailing Address: E- Centrel ane		Method of Lat/Long (check one): Conventional Survey,			
		USGS quad, Hand-held GPS, Survey-grade GPS			
Un Liggins M15 JA5 74 City State Zip Code		NE 1/ NW 1/4 Sec 29 TZ5 R/1W			
City - State	Lip Code	Distance Direction Nearest Thum			
Telephone No. ()		Miles E	Nearest Town of <u><i>Regging</i></u>		
	·····				
		······			
Pump Type Circle one			wer Type Circle one		
Air Lift Jet (	Submersible		ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		(specify):		
Other (specify):		Horse Power Rating of Motor	. <u>1</u> , HP		
Date Pump Installed: 9/2/14		Setting Depth: 63			
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: <u>20 k</u>	SPM Auto Pund		
for a second	······	······································			
Pump Test Data			easuring Water Level		
	Date Well Tested:		Circle one Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): 42 Feet	Below Land Surface	An Line Devine measuring Line Oren rate			
		Other (specify):			
Pumping Water Level (B): <u>765</u> Feet	Below Land Surface	· ·			
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, measured s	hut in head:feet		
Test Pumping Rate:	Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours)	hours	feet afterhours of pumping			
L		<u></u>			
This is for (circle one): New Well	Replacement of Ex	isting Pump Repair of H	xisting Pump		
ſ			<u></u>		
I HEREBY CERTIFY that the above staten	nents are true to the best				
Al ISADDIANTAL A	1.11	(1) farm	allean		
<u>AL HARRINGTON 0-5</u> Print Name of Pump Installer and License I	64 No (if applicable)	Signature of Pump 1			
rink Name of runp insuner and License	NO. (II applicatic)	Signature of Fully I	nstaller Form: OLWR-SWR-1C (07-09		
			N 2 2 3 224		

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