County:	Stone	
Permit #:		
Driller: _		
Date dril	ing completed:	

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)

	Office Use Only:
Well #:	L 4b
Aquifer:	1 1
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.

(Landowner if borehole is not for a water well)	Latitude: 30°42' 08.8" Nongitude: 89°02'44.5" W				
Owner Name: Mike Atkinson	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 1145 East McHenry Rd					
	USGS quad, Hand-held GPS, Survey-grade GPS				
Me Henry MS 3456/ City State Zip Code	NE 14 NW14, Sec_13_ T_45_ R_1 W				
City State Zip Code	5,25 Miles East of Miltony, MS				
Telephone No. () <u>850 -259 - 5502</u>	(Distance) (Direction) (Nearest Town)				
Well / B	orehole Data				
Date drilling started: $\frac{2/9/15}{5}$ Date drilling completed:	2/11/15 Hole depth: 170 Hole diameter: 6,5"				
Location of the source of any surface water used for drilling	ng: Well Water from Nearby Well				
Method of dosing and volume of Chlorine used in drilling and development:					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):					
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation 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 MA Other (describe)					
Static Water Level:feet [above or below] land surface Date measured:					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Well depth: 170 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 150 feet Casing diameter: 4" inches Type of casing: PVC					
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC					
Screen slot size: 0,008 inches Setting depth: From 150 feet to 170 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	MAR 0 3 2015				
If telescoped or more than one screen, describe on next page					

Permit #:	We	For Office Use Only:
The sketch below only required for water wells	Description of formations encoun and boreholes, unless specifically	stered must be provided for all wells
If well telescopes, show depths on sketch.	una vorenotes, untess specificany	exempted by regulations
Ground Level	Description of Formations Encounter	ed From (depth) To (depth) Ground level
Side Level	Br cl sq	
	Ltgr & Red Cl	5 15
	61V C1	15 105
	by 5159	105 145
	67 5 G	145 170
o 10 A del traincio		
	•	
왕이 살아는 보다 남자를 가장하셨다고 됐는데		
보고 있는 사람이 되었는데 그리고 있다.		
If more than one screen, show location of each on sketch		S THE STATE OF THE
Sketch 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	1 becation
Home /	New Home Under Cont	Adjacont Home
		RECEIVED
		NECLIVED
East N	1 c Henry Room	MAD 0 2015
East N	11 Henry Road	MAR 0 3 2015
		BY: OLWR
Landowner Name:		
HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environ fapplicable, and state laws.	, constructed, and completed in accommental Quality and the Mississippi De	rdance with all applicable epartment of Health regulations,
Heath & Williams 0-70	10 2/24/15 AK	at El
Print Name of Responsible Licensee and License No.	Date Sign	nature of Licensee
, 1000		Form: OLWR-SWR-1A (4/13

STATE WELL REPORT

County: ____

Driller:

Permit #:

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:
Well #:
Aquifer:

Date completed:		.O. Box 2309		Aquifer:	
Copy information from block on Part 1				riquitori	
	,) 360-0535 (fax)	L		
This part of the report must be complete of the report must be attached and both	d by a licensed water parts filed with the D	well contractor or a epartment at the abo	licensed pum ve address wi	p installer. A copy of Part 1 ithin 30 days of well completion.	
Well Owner Informati	on		Well Lo	ocation	
Owner Name: Mike Atkinson Latitude: Longitude:				gitude:	
Mailing Address: 1145 Eagt McHarry Rd Method of Lat/Long (check one): Conventional Survey,					
		USGS quad, H	land-held GP	S, Survey-grade GPS	
Mc Henry MS City State	3 95 6 (Zip Code			T R	
Telephone No. () <u>850-259</u>	-5502	Miles (Distance) (I	Oirection)	(Nearest Town)	
		oe (circle one)			
Submersible Turbine Air Lift Centrife	ugal Flowing Well	Jet Piston Rotary	Other (des	cribe):	
Date Pump Installed: 2/23/19	F	Rated Pump Capacity	r: <u> </u>	Gallons Per Minute	
Is This Pump (circle one): New Rep					
		pe (circle one)			
Electric Diesel Gasoline Natural Gas		• •	· ·	4	
Horse Power Rating of Motor: / // Setting Depth: /40feet Number of Stages:					
Pump Test Data for Non Flowing Well					
Date Well Tested: 2/24/15 Duration of Pump Test (minimum 4 hours): 4 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.		/	N/A-	-	
Well yieldedGPM with a d	rawdown of	feet after	h	nours of pumping	
	Meter I	nstallation		NIA	
Meter Manufacturer:		Meter Serial N	Number:	- W+	
Meter Model Number/Name: Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF × .001, gal × 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.					
Heath & Williams 0-790 2/24/15 Mech & 2					
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer					

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

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