State W	/ell Report
	Driller's Log
Mississippi Department	nt of Environmental Quality Aquifer: Q 180
Childe of Land a	nd Water Resources Box 2309 Well #:
Jackson	n, MS 39225
	961-5210 L. S. Elevation:
	I- 5228 (fax) E-log #:
State Law requires that this report be prepared by the lic	ense holder responsible for the work and filed with the
Department at the above address within 30 days of comp Information on Well Owner	pletion of drilling of the well or borehole.
(Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name Terry Maxwell	Latitude: 33 • 23 24.7 Longitude: 90 • 37 • 23.8
Mailing Address: 1260 Montgomery Dr.	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
T <u>nverness</u> Ms. 38753 City State Zip Code	<u>56 1/2 56 1/2 Sec 21 Twn 181 Rng 460</u>
	Distance Direction Nearest Town Miles of Miles
Telephone No. (662-207-8312	<u>Milesof</u>
Well / Bore	hole Data
Date drilling started: $4-970$ Date drilling completed: $4-97$	
Location of the source of any surface water used for drilling.	urface Water
Method of dosing and volume of Chlorine used in drilling and devel	opment: 50 PPM
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump
Seismic SurveyOther (describe	)
If drilling is not related to water well construction	n, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply	Irrigation_Fish Culture_Other: <u>Replacement</u>
f a flowing well, method of flow regulation: Valve O	
static Water Level:feet above of below circle one) 1	and surface Date measured: <u>4-9-10</u>
Aethod of Measurement (circle one) steel tape electric tape	air line other:
Vell depth: <u>127</u> Well grouted to a depth of <u>10</u> feet Type	of grout (circle one): Neat Cement Bentonite Mix
asing length: <u>87</u> feet Casing diameter: <u>16</u>	inches Type of casing: PVC
creen length: <u>40</u> feet Screen diameter: <u>16</u>	inches Type of screen: PVC
creen slot size:	-
Type of completion (circle all applicable): Gravel packed Under	eamed Telescoped Open hole Natural Development
Other (describe):	
op of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on next page
/	Form: OLWR-SWR-1A (04/08)
/	
ote: Old well is 25' north of new	v well.

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## The sketch below only required for water wells

If well telescopes, show depths on sketch.	
Ground Level	

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	l o (depth)
Clav	Ground Level	31
Fine Sand	32	38
Fine Sand + Gravel Medium Sand + Gravel	39	67
Medium Sand + Gravel	68	127
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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.

erry Maxwell Landowner Name:

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

APP 17 200

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.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

Cours: $\_$		STATE W	ELL REPORT	For Office Use Only:	
Iter 1 gat 10 nt Equipment Driler: <u>1</u> gat 10 nt Equipment Driler: <u>1</u> gat 10 nt Equipment Driler: <u>1</u> 9-10 Care information from block on Purt 1 Drile or 1 for report must be completed by a licensed put of the report must be converted by a licensed put of the report must be report to the report must be report to the report of the report must be report to the report must be report to the report of the report of the report of the report must be report to the report must be report to the report of the re	county: Sanflower				
Driller:		Mississippi Departme	ent of Environmental Quality	$\frac{1}{2}$	
(601)961-5210         (601)961-5210         (601)961-5210         (601)961-5218 (fax)         This part of the report must be catached and both parts filed with the Department at the above address within 30 days of well completion.         Well Owner harmation         Owner Name:       Terry         Mailing Address:       1200         Mailing Address: <td< td=""><td>Driller:</td><td></td><td></td><td>Well #:</td></td<>	Driller:			Well #:	
Correction must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of report must be completed pump installer. A copy of Part 1 of the report must be completed pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. A copy of Part 1 of the report pump installer. The pump installerer is feet Below Land Surface pump installe	Date completed: $4-9-10$			Elevation:	
Tepor must be attached and both parts filed with the Department at the above address within 30 days of vell completion.         Well Women Information         Owner Name:          Terry Max Loe //         Mailing Address:          Labove address within 30 days of vell completion.          Mailing Address:          LDD Mon f go mery Dr.           Latitude::         Longitude:          Mailing Address:          LDD Mon f go mery Dr.           Latitude::         Longitude:             The enness mass of the convertional Survey-grade GPS           State Zip Code             Telephone No.           State Zip Code             Pamp Type         Circle one           Distance             Lift         Jet           Submersible             Bucket           Piston             Turbin           Letric Motop             Date Pump Installed:           L900             Latitude:           Telephone             Date Well Tested:           Feet Below Land             Date Well Tested:           Feet Below Land             Static Water Level (A):           Feet Below Land	<u>Corv information from block on Part 1</u>		,		
Well Covact Information         Well Location         Owner Name: <u>Terry Mlaxwell</u> Mailing Address: <u>1200 Mlontgomery Dr.</u> Latitude:	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 1	
Mailing Address: $1200$ Montgomery Dr.         Method of Lat/Long (check one): Conventional Survey_         Method of Lat/Long (check one): Conventional Survey_         USGS quad_, Hand-held GPS Survey-grade GPS         Diverness Ms: 38753         City State Zip Code         Parang Type         Circle one         Ower Type         Circle one         Circle one         Disel Engine       Gasoline Engine       Natural G         Method of Lat/Long (check one): Conventional Survey_grade GPS         Diver Type         Circle one         Other Circle one         Disel Engine       Power Type         Circle one         Disel Engine       Gasoline Engine       Natural G         Date Pump Installed:       49-9-10         Ret Below Land Surface         Method of Measuring Water Level         Circle one         Static Water Level (A):       Feet Below Land Surface         Pumping Water Level (B):       Feet Below Land S	Well Owner Informat	<i>ea wun ine Department</i> tion			
Method of Lat/Long (check one): Conventional Survey_         Method of Lat/Long (check one): Conventional Survey_         USGS quad_, Hand-held GPS Survey-grade GPS         Survey-grade GPS         Diverness Ms: 38753         City State Zip Code         Diverness Ms: 38753         City State Zip Code         Diver mess Ms: 38753         City State Zip Code         Diver mess Ms: 38753         City State Zip Code         Diver mess Ms: 38753         City State Zip Code         Pump Type Circle one         Circle one         Disel Engine       Power Type Circle one         Circle one         Disel Engine       Gasoline Engine       Nature of Method of Messuring Water Level         Other (specify):         Minute       Method of Messuring Water Level         Date Pump Installed:       Pump Test Data         Method of Messuring Water Level         Circle one         Static Water Level (A):       Feet Below Land Surface <th c<="" td=""><td>Owner Name: Terry Maxi</td><td>well</td><td>Latitude:</td><td>Longitude:</td></th>	<td>Owner Name: Terry Maxi</td> <td>well</td> <td>Latitude:</td> <td>Longitude:</td>	Owner Name: Terry Maxi	well	Latitude:	Longitude:
USGS quad, Hand-held GPSSurvey-grade GPS.         Show with the second of th	Mailing Address: 1200 Mont	gomery Dr.			
Image: Discrete state       Ms : 38753         City       State       Zip Code         Telephone No. (					
Telephone No. (		s. <u>38753</u> Zip Code			
Air Lift       Jet       Submersible       Diesel Engine       Circle one         Bucket       Piston       Turbin       Electric Moto       Hand       Tractor PI         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):	Telephone No. ()		Distance Direction	of <u>Indianola</u>	
Air Lift       Jet       Submersible       Diesel Engine       Circle one       Natural G         Bucket       Piston       Turbine       Electric Moto       Hand       Tractor PI         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):	Pump Type				
Bucket       Piston       Turbine       Disser Engine       Oasonine Engine       Natural G         Bucket       Piston       Turbine       Electric Motor       Hand       Tractor PI         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):	Circle one	Q. 1		Circle one	
Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):         Other (specify):       Mand       Iractor PI         Date Pump Installed:       4-9-10       Setting Depth:       70       feet         Rated Pump Capacity:       Gallons Per Minute       Number of Stages:       2         Pump Test Data       Method of Measuring Water Level       Circle one         Static Water Level (A): Feet Below Land Surface       Air Line       Electric Measuring Line       Steel Tape         Other (specify):       Feet Below Land Surface       For flowing well, measured shut in head: feet       feet         Drawdown [(B) - (A)]:       Feet Below Land Surface       For flowing well, measured shut in head: feet       feet         Duration of Pump Test (minimum 4 hours):       hours       feet after hours of pumping       feet after		$\frown$		ine Engine Natural G	
Other (specify):		Turbine	Electric Motor Hand	Tractor PT	
Date Pump Installed:       4-9-10         Rated Pump Capacity:       1800 ±         Gallons Per Minute       Setting Depth:       70         feet       Number of Stages:       2         Pump Test Data       Method of Measuring Water Level         Date Well Tested:	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Rated Pump Capacity:			Horse Power Rating of Moto	r. <u> </u>	
Pump Test Data       Method of Measuring Water Level         Date Well Tested:			Setting Depth:7	Dfeet	
Date Well Tested:	Rated Pump Capacity: 800 ±	Gallons Per Minute	Number of Stages:	2	
Static Water Level (A):Feet Below Land Surface       Air Line       Electric Measuring Line       Steel Tape         Pumping Water Level (B):Feet Below Land Surface       Other (specify):       Other (specify):         Drawdown [(B) – (A)]:Feet Below Land Surface       For flowing well, measured shut in head:feet       feet         Test Pumping Rate:Gallons Per Minute       Well yieldedGPM with a drawdown of       Duration of Pump Test (minimum 4 hours):hours       feet afterhours of pumping	Pump Test Data		Method of M	easuring Water Level	
Static Water Level (A):Feet Below Land Surface       Other (specify):         Pumping Water Level (B):Feet Below Land Surface       Other (specify):         Drawdown [(B) – (A)]:Feet Below Land Surface       For flowing well, measured shut in head:feet         Test Pumping Rate:Gallons Per Minute       Well yieldedGPM with a drawdown of         Duration of Pump Test (minimum 4 hours):hours       feet afterhours of pumping		•	Air Line Electric Me	Circle one asuring Line Steel Tape	
runping water Level (B):Feet Below Land Surface         Drawdown [(B) – (A)]:Feet Below Land Surface         Test Pumping Rate:Gallons Per Minute         Duration of Pump Test (minimum 4 hours):hours         Feet afterhours of pumping			Other (specify):		
Test Pumping Rate:      Gallons Per Minute         Duration of Pump Test (minimum 4 hours):      hours        feet after      hours of pumping					
Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumpir	Drawdown [(B) – (A)]:Feet ]	Below Land Surface	For flowing well, measured s	hut in head:fee	
	Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with a drawdown of	
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump	Duration of Pump Test (minimum 4 hours):	hours	feet after _	hours of pumpin	
	This is for (circle one): New Well	Replacement of Ex	sting Pump Repair of E	xisting Pump	
		7	of my knowledge.		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695			Signature of Pump h	nstaller	
Patrick M. Chism 0695	· · · · · · · · · · · · · · · · · · ·			Form: OLWR-SWR-1C (0	
Patrick M. Chism 0695         Print Name of Pump Installer and License No. (if applicable)         Signature of Pump Installer					



## Q 180

