	STATE	WELL REPORT			
County: Tate	SIAIE	Part 1	For Office Use Only:		
Permit #:	Driller's Log		Well #:		
Driller: Janes w. Mason	Mississippi Depart	ment of Environmental Quality and and Water Resources	Aquifer:		
	1	P.O. Box 2309	E-Log #:		
Date drilling completed: 5-13-13		on, MS 39225-2309 (601)961-5210			
		1)360-0535 (fax)			
State Law requires that this report  Department at the above address w					
Well Owner Informat			hole Location		
(Landowner if borehole is not for	ŕ	Latitude: 34'43'58.33 Lor	ngitude: <u>89*44'49.69</u> 50		
Owner Name: Shirley A			50 ): Conventional Survey,		
Mailing Address: 408 powe	rs 1d		PS, Survey-grade GPS		
		USGS quad, Hand-netd G	PS, Survey-grade GPS		
City State	38618	501 1/4 NE 1/4, Sec_	17/ T 45/ R 5w		
	Zip Code 12 Miles 5 w of		f_mccloud		
Telephone No. ( <u>С</u> 62) <u>Э33-02</u>	37	(Distance) (Direction)	(Nearest Town)		
	Well / B	orehole Data			
Date drilling started: 5-13-13 Date			Hole diameter: 63/4		
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): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):	NA				
Purpose of borehole (circle one). Water	Well Geotechni	cal/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 F	Fish Culture		
Other (describe):					
If a flowing well, method of flow regula	ation: Valve	Other (describe)			
Static Water Level: 93 feet	[above or below (circle one)	Dand surface Date measured	: 5-13-13		
Method of measurement (circle one): So	teel tape Electric t	tape Air line Other (describe):	String I weight.		
Well depth: () O Well grouted to a					
Casing length: 160 feet Ca	sing diameter:	inches Type of ca	asing: Puc		
Screen length: 10 feet S	creen diameter:	inches Type of s	icreen: $\rho$		
Screen slot size:OLOinches	Setting depth:	From 160 feet to	1) RECERCED		

Underreamed

\_feet

If telescoped or more than one screen, describe on next page

Open hole

Type of completion (circle all applicable): Gravel packed

Other (describe): \_\_\_\_\_ (A

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

Natural Development

		D157	
The sketch below only required for water wells	Description of formations encountered and boreholes, unless specifically exen	must be provided to the provided to the provided by regulation	d for all wells ons
If well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground Level	Description of Formations Encountered	Ground level	30
	clay dirt	30	
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	aid in locating the well	30	170
3) any roads, power lines, or other items that may aid 4) north arrow  Hessie	roperty and the well	RECEIVED TO SHAPE ROOM	ED F
4) north arrow	In locating the property and the well	RECEIVE	13
4) north arrow	In locating the property and the well		13
4) north arrow  House  January  Show of a 1 00 1	In locating the property and the well	ijijn <b>)</b> 7 20	13
4) north arrow	In locating the property and the well	ijijn <b>)</b> 7 20	13
4) north arrow  House  January  Shall all all all all all all all all all	S constructed, and completed in accordant	BY: DLV 5	13 VP
andowner Name:	sonstructed, and completed in accordant nmental Quality and the Mississippi Departmental Quality and Quali	BY: DLV 5	13 VP

County: \_

For Office Use Only:

## STATE WELL REPORT

County: \_\_

Permit #:

## Part 2

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

For Office Use Only:			
Well #:	D157		
Aquifer: _			

Date completed: 3-15-15	Jackson, MS 39225-2309		Aquifer:		
Copy information from block on Part 1	(6	501)961-5210			
(601) 360-0535 (fax)					
This part of the report must be completed of the report must be attached and both p	l by a licensed water parts filed with the D	well contractor or a licensed pun epartment at the above address w	np installer. A copy of Part 1 ithin 30 days of well completion.		
Well Owner Information	n	Well Location			
Owner Name: Shirley M	iays	Latitude: 34.4358.33 Longitude: 89.4449.69			
Mailing Address: 408 powers rd.		Method of Lat/Long (check one): Conventional Survey,			
		USGS quad, Hand-held GF			
City State	<u> 38618</u> Zip Code	<u>5w % NE %, Sec</u>			
Telephone No. $(\underline{662})$ $\underline{233}$ $\underline{33}$	37	(Distance) (Direction)	(Nearest Town)		
	Pump Tvr	pe (circle one)			
Submersible Turbine Air Lift Centrifu		,	scribe):		
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Is This Pump (circle one): New Rep	aired Replacemer	nt			
	Power Ty	pe (circle one)			
Electric Diesel Gasoline Natural Gas	Tractor PTO Win-	dmill Other (describe):			
Horse Power Rating of Motor:3/4	Setting Dept	h: <u>120</u> feet Number	of Stages: $\mathcal{S}$		
	Pump Test Data	for Non Flowing Well			
Date Well Tested: 5-13-13 Duration of Pump Test (minimum 4 hours): 34 hours					
Static Water Level (A): 93 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface					
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate:/ Gallons Per Minute					
Method of measurement (circle one): Ste	el tape Electric ta	pe Air line Other (describe): <	string liveight		
	Pump Test Dat	ta for Flowing Well	, , , , , , , , , , , , , , , , , , ,		
Measured shut in head:feet.					
Well yielded <u>l O</u> GPM with a d	rawdown of	1 feet after 24	hours of pumping		
	Meter I	nstallation			
Meter Manufacturer: へい		Meter Serial Number:	NATORIVED		
Meter Model Number/Name:	NA	Type of Meter:	UA CALLED VILLE		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by: /A					
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 statem	ents are true to the	e best of my knowledge.			
Jan 1 00	20)	(-613			
Print Name of Print Installer and License	No (if applicable)	Date Gignat	ure of Pump Installer		

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