<u></u>	- STATE	WELL REPORT	
county: Tippah	Part 1		For Office Use Only:
Permit #:		riller's Log	Well #:
Driller: FROSt	Mississippi Departi Office of La	nent of Environmental Quality nd and Water Resources	Aquifer:
Date drilling completed: 4-9-13	F F	P.O. Box 2309	E-Log #:
bate dritting completed: E		on, MS 39225-2309 601)961-5210	
	(60	1)360-0535 (fax)	
State Law requires that this repor Department at the above address	t be prepared by the within 30 days of con	license holder responsible for a moletion of drilling of the well	the work and filed with the
Well Owner Informa	tion		shole Location
(Landowner if borehole is not fo			ngitude: 88'49'55 LL
Owner Name: David U) ood s		-
Mailing Address: 921 C.R	221		e): Conventional Survey
		USGS quad, Hand-held G	SPS_X_, Survey-grade GPS
Ind x ms	381083	SW & NE 4. Sec	13 T25 R4E
City State	Zip Code		
Telephone No. ()		(Distance) (Direction)	of(Nearest Town)
Тетерноне но: (,			· · · · · · · · · · · · · · · · · · ·
Date drilling started: 4-9-13 Date	e drilling completed:	orehole Data 4-9-13Hole depth: 14	5 Hole diameter: 4"
Location of the source of any surface	water used for drilli	ig:	
Method of dosing and volume of Chlor	rine used in drilling a	nd development: 6165	aranulated
Logs run (circle all applicable): No log			
Name of organization running log(s):	·····		
Purpose of borehole (circle one) Wate	er Well Geotechn	cal/Geological Investigation	Ground Source Heat Pump
Sets	mic Survey Other	(describe)	·····
If drilling is not re	elated to water well c	onstruction, skip the remainde	r 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 regu	ulation: Valve	Other (describe)	
Static Water Level: <u>^0</u> fee	<u> </u>		
Method of measurement (circle one):	Steel tape Electric	tape Air line Other)(describe	nylon cord
Well depth: <u>145</u> Well grouted to	a depth of: 10 f	eet Type of grout (circle one)	: Neat Cement Bentonite Mi
Casing length: 135feet	Casing diameter:	4inches Type of	casing: $\underline{\rho_{VC}}$
Screen length: <u>10</u> feet	Screen diameter:	inches Type of	screen: <u>PVC</u>
Screen slot size:	s Setting depth	From 135 feet t	o <u>145</u> feet
Type of completion (circle all applicat	ble) Gravel packed) Underreamed Open hole	Natural Development
Other (describe):		·	·

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MAY 02 2013

BY: OLWR

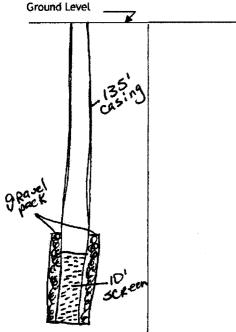
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County:	Tippah	
Permit #:		

For Office Use Only: well #: _____ 26_____

The sketch below only required for water wells

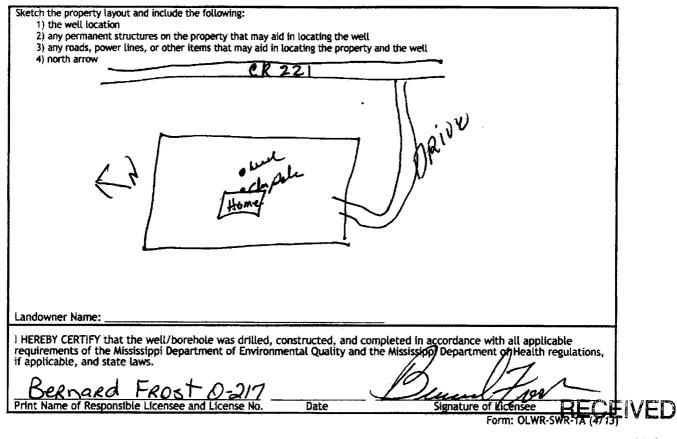
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Clay	Ground level	18
Red Sand + Rock	18	50
Clay + Sand	50	80
Clay + Rock,	80	90
Clay + Sand	90	110
Red'sand	110	145
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If more than one screen, show location of each on sketch



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BY: OLWR

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County:	STATE WELL REPORT						
Permit #:	country.	For Office Use Only:					
Diffice of Land and Water Resources Date completed: Y=0.60x 2309 mg Leckon, NG 39275-2309 Leckon, NG 39275-2309 Cov information from facts an Art T Coll 184:5210 (Coll 300-033 (fax) This part of the roport must be completed by a Cloned water vel constructor on a Clonesed pump installar. A copy of Part 1 of the roport must be completed by a Clone water vel completion. Well Owner Information Owner Name: Dati Log 11 Light with the Department at the above address velticin 39 days of vell completion. Well Owner Information Well Owner Information Well Owner Information Owner Name: Dati Light 20075 Latitude: 34:54' #33 Alongitude: 18' 49' 5 S LU Well Owner Information Well Owner Information Well Owner Information Owner Name: Datitude: N = Math Held GPS Listing Survey grade GPS Uses and the data of the top of the advect set construction of the top of the more of the advect meet town) N = Math Held GPS Listing Clone (Figure Of the construction) Other Pump Installed: 4-10-13 Rated Pump Capacity:							
Date complexed:	Driller: <u>+ROST</u> Office of Land and Water Resources	······································					
Cover information (601)986-5210 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be completed by a licensed water well contractor of the report must be completed by a licensed water well contractor of the report must be completed by a licensed water well contractor of the report must be completed by a licensed water well contractor of the report must be affect by a licensed water well contractor well bore is this pump (chicle one): Well bore bare mup installer. file bare mup installer. file bare mup installer. bare mup installer. bare mup installed: file <t< td=""><td>I Date completed: SL IVI I N I</td><td>Aquifer:</td></t<>	I Date completed: SL IVI I N I	Aquifer:					
This part of the report must be completed by a licensed with well constructor or a licensed pump installer. A copy of Part 1 of the report must be attached and both purp field with the Department at the above attares within 30 days of well completion. Owner Name:	Copy information from block on Part 1 (601)961-5210						
of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Overen Information Owner Name: DQUId LWDOTS Mailing Address: DQUId LWDOTS Mailing Address: DQUId LWDOTS Latitude:34'54'43Akongitude: 18'49'55 W Well Overen Information Latitude:34'54'43Akongitude: 18'49'55 W Wethod of Lat/Long (check one): Conventional Survey_ USOS quad		· · · · · · · · · · · · · · · · · · ·					
Owner Name: DQUIG Latitude:34'54' 43 Monglude: 88'49'55 W Mailing Address: QQL QQL Mailing Address: QQL QQL Wailing Address: QQL QQL QQL Method of Lat/Long (check one): Conventional Survey_ Wailing Address: QQL QQL Mailing Address: QQL Survey grade GPS_ Willing Address: QQL Mile: X, Sec. IS T_QS_R Survey. Wailing Address: QQL Mailing Address: QQL Survey.grade GPS_ Waine: State ZUP Code Mile: Survey.grade GPS_ Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Method of Lat/Long (check one): GGLons Per Minute Is This Pump Circle oney: New Repaired Replacement Power Type (circle one): GGLons Per Minute Electric Diesel Gasoline Natural Gas Tractor FIO Windmill Other (describe): Horse Power Rating of Motor: Yet State Yet Date Well Tested: Duration of Pump Test (minimum 4 hours): hours hours Static Water Level (A): Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Static Water Level (A): Feet	This part of the report must be completed by a licensed water well contractor or a licensed put of the report must be attached and both parts filed with the Department at the above address w	np installer. A copy of Part 1 vithin 30 days of well completion					
Mailing Address: Pail CR Pail Wailing State Zip Code Wile X, Sec. 13, T, DS, R, 45 State Distance Wailes T, DS, R, 45 State Other Code Submersible Turbine Air Lift Centrifugal Flowing Weil Jet Piston Rotary Other (describe): Date Pump Installed: 4-10-13 Rated Pump Capacity: J2 Gations Per Minute Is This Pump (circle one): Response Power Type (circle one) Electric Desel Gasoline Pump Test Data for Non Flowing Weil Date Weil Tested: Pump Test Data for Non Flowing Weil Pould Pump Test Data for Non Flowing Weil Date Weil Tested: Pump Test Data for Pump Test (minimum 4 hours); Pump Test Data for Flowing Weil Pump Test Data for Flowing Weil Date Weil Tested: Pump Test Data for Flowing Weil Method of measurement (circle one); Suet tage beledric tage Air line Other (describe);							
Walnut Market Market State ZIP Code Wiss State ZIP Code Miles T		gitude: 884955W					
Walnut State State <t< td=""><td>Mailing Address: <u>42.1 CR 22.1</u> Method of Lat/Long (check one</td><td>): Conventional Survey,</td></t<>	Mailing Address: <u>42.1 CR 22.1</u> Method of Lat/Long (check one): Conventional Survey,					
City State Zip Code Telephone No. (
Miles	Walnut MS 38683 SW 14 NE 14, Sec_	13 125 R4E					
Pump Type (clrcle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	Miles of	f					
Submersible Turbine Air Lift Centrifugal Flowing Weil Jet Piston Rotary Other (describe): Date Pump Installed: 4-10-13 Rated Pump Capacity: 12 Gallons Per Minute 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: Me Setting Depth: If the Number of Stages: 12 Pump Test Data for Non Flowing Weil Date Veill Tested: Duration of Pump Test (minimum 4 hours): hours Static Water Level (A): Feet Below Land Surface Pumping Mater 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 Weil Measured shut in head: feet.	Telephone No. () (Distance) (Direction)	(Nedrest Town)					
Date Pump Installed: 4-10-13 Rated Pump Capacity: 12 Gallons Per Minute Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric) Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):							
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Electric Deset Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Yetting Depth: //15 teet Number of Stages: //2 Pump Test Data for Non Flowing Well Date Well Tested:							
Horse Power Rating of Motor: Yetting Depth: If means the mean of the means							
Pump Test Data for Non Flowing Well Date Well Tested:							
Date Well Tested:		of stages:					
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. Weil yielded GPM with a drawdown of feet after hours of pumping Meter Manufacturer: Meter Serial Number:	-						
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Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):							
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Measured shut in head: feet. Well yielded GPM with a drawdown offeet afterhours of pumping Meter installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):							
Well yieldedGPM with a drawdown offeet afterhours of pumping MeterMeter Installation Meter Manufacturer:Meter Serial Number:		· .					
Meter Installation Meter Manufacturer:		bours of purpoing					
Meter Nanufacturer:							
Meter Model Number/Name:							
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): Installation Date:							
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. BERNARD FROST 0-2/7 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer Form: OLWR-SWR-1B (4/13)							
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. BERNARD FROST 0-2/7 Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer Form: OLWR-SWR-1B (4/13)							
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Bernard Frost 0-2/7 Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer RECEIVED Form: OLWR-SWR-1B (4/13)	Important: By submitting the above information you are certifying that this meter was instal For agricultural wells, a list of approved meters is on the MDEQ we	led to manufacturer standards. Ebsite.					
Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	AZ					
Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer	Bernard Frost 0-217 Mund Those Derenven						
Form: OLWR-SWR-1B (4/13)		ure of Fump instatter					
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