STATE WELL REPORT

Part 1

Driller's Log

county: Walthau-

Date drilling completed:

Permit #:

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309

(601)961-5555

(601)961-5228 (fax)

r	Office	Use	Only:	

For Office Use Only: Well #:A\69		
Aquifer:		
E-Log #:		

144

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.

Well Owner Information	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 30 18 305 Longitude: 90 13 46.6 9		
Owner Name: Lindu Rich	1		
Mailing Address: Willie Cother.	Method of Lat/Long (check one): Conventional Survey,		
making Address.	USGS quad, Hand-held GPS, Survey-grade GPS		
Clab. a	SE 14 SE 14, Sec 18 T 4N R 10E		
Ty entour MS City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)		
Telephone No. ()	(Distance) (Direction) (Nearest Town)		
Well / I	Borehole Data		
Date drilling started: 677-8 Date drilling completed	16-27-6, Hole depth: 50 Hole diameter:		
Location of the source of any surface water used for drill			
Method of dosing and volume of Chlorine used in drilling	and development:		
Logs run (check all applicable): Logs run Electric an	nma Ray Density Sonic Neutron Other:		
Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geotech	nical/Geological Investigation Ground Source Heat Pump		
	(describe)		
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture			
Other (describe):			
If a flowing well, method of flow regulation: Valve	Other (describe)		
Static Water Level: 85 feet above on be (check one)			
Method of measurement (check one) Steel tape Electric tape Air line Other (describe):			
Well depth: 150 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix			
Casing length: 140^{-} feet Casing diameter: 4^{il} Inches Type of casing: $\frac{\rho vc}{\rho vc}$			
Screen length: 10 feet Screen diameter: 1 inches Type of screen.			
Screen slot size: 1010 inches Setting depth: From 140 feet to 150 feet			
Type of completion (check all applicable) ravel packed Underreamed Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:feet			
If telescoped or more tha	n one screen, describe on next page Form: Ol WR-SWR-1A (4/		

13)

County:	ĺ		Office Use	
Permit #:		Well #:	A169	
remit #.				
The sketch below only required for water wells	Description of formations enc and boreholes, unless specific	ountered n ally exemp	nust be provided ted by regulation	i for all wells ons
If well telescopes, show depths on sketch.	Description of Formations Encou	ntered	From (depth) Ground level	To (depth)
Ground Level			O O	2e
	Cly,		20	6c
	(/a	el.	60	90
	————————	Sund	90	110
	Cly	7	110	130
	Sky	1	130	140
	Curise	Sand	140	150
			ļ	
			<u> </u>	
		.,		
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 a 3) any roads, power lines, or other items that may aid is 4) north arrow	id in locating the well n locating the property and the wel	i		
E C L				
Landowner Name: Linda Rich,				
Landowner Ivaine.		appards-	co with all arm	licable
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environ	, constructed, and completed in nmental Quality and the Mississi	accordan	ce with all app tment of Health	licable h regulations,
LUEDEN CERTIN About the well (berebale was drilled	nmental Quality and the Mississi	accordan ppi Depari	ce with all app tment of Healt	licable h regulations,
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environ	constructed, and completed in namental Quality and the Mississi Review R	H	ce with all app tment of Healt re of Licensee	licable h regulations,

STATE WELL REPORT

County: Permit #:

Driller: Fitze

Date completed:

Part 2

Pump Installer's Completion Report
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)

For Office Use	Only:
Well#: ALE	
Aquifer:	

Copy information from block on Part 1

Copy information from process (601) 380	the aread nump installer. A copy of Part 1	
This part of the report must be completed by a licensed water well of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Depart of the report must be attacked and both parts filed with the Departs f	contractor or a licensed painty	
This part of the report must be completed of the with the Depart	Well Location	
of the report must be anucked und some Well Owner Information	30000 13 46.6"	
Well Owlice and	. C/V/V S//S Langitude.	
Name: LARCIC ISSUE	the chark one: Convention	
Owner Name: Link of Cotherned Me Mailing Address: Lillie Cotherned US	GGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: us	GS quad, Hand-held GPS, July S	
	SF 1/ SE 1/2 Sec 13	
Tyler town State Zip Code	.) =	
State Zip Code	Miles Of (Nearest Town) Distance) (Nearest Town)	
City	Distance) (Direction)	
Telephone No. ()	(check one)	
Pump Type Submersible Turbine Air Lift Centrifugal Flowing Well Cu	Thetay Other (describe):	
Contributed Flowing Well Li	et Piston Rocal y Duris (12) Gallons Per Minute	
Submersible Liturbine Lair Little Control Ra	ted Pump Capacity:	
a installed: (0 of 1	_	
is This Pump (check one): Mew Repaired Replacement Power Typ	the state of the s	
is This Pump (check one): 12 Power Typ	e (check one)	
Is This Pump (clieux one) Power Typ Power Typ Electric Diesel Gasoline Natural Gas Tractor PTO Wind	mill Other (describe):	
Electric Priesel Gasoline Natural Gas Li Factor From	120 feet Number of Stages:	
Setting of Motor: 12. Setting out		
Electric Diesel Gasoline Natural Gas Tractor PTO Wind Horse Power Rating of Motor: 1/2. Setting Depti	for Non Flowing Well hours hours	
Fump rest	Para of Pump Test (minimum 4 hours):	
Date Well Tested:	East Relaw Lang Juneau	
Date Well Testeo.	Pumping Water Level (B):	
Static Water Level (A): Feet Below Land Surface	Callons Per Mindee 1	
Drawdown [(B) - (A)]:Feet Below Land Surf	ace restriction	
tanel lelecure	ape Chil tile 22 mil.	
Method of measurement (check one). See Pump Test Da	ta for Flowing Well	
Measured shut in head:feet.	hours of pumping	
Measured shut in head:feet. Well yieldedGPM with a drawdown of	feet arterious to	
Well yielded	Installation	
Meter Manufacturer:		
1 · · · · ·	Type of Meter:	
Meter Model Number/Name:		
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	l x 1000, etc):	
11. Landadallad MV		
Is This Meter (check one): New Repaired Replacement		
national the above information you are certifying that this meter was installed to manufacturer standards.		
Is This Meter (Check one).— New Exercises the Acque information you are certifying that this meter was installed to manufacturer standards. Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. The property of the MDED website.		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
I HEREBY CERTIFY that the above statements are true to	al Hu	
1001 - 1 12G	6-22- B. Bullion	
Print Name of Pump Installer and License No. (if applicable	Signature of Pump Installer	
Print Name or rump installer and election in (1) The	Form: OLWR-SWR-2A (4/13)	

A169

Google Maps 31°18'30.5"N 90°13'46.6"W



Imagery @2018 Google, Map data @2018 Google 200 ft



31°18'30.5"N 90°13'46.6"W 31.308475, -90.229620

8Q5C+95 Enon, Mississippi

Lindu Rich unlie Cothern 150-85-120-1/2. 6-27-18.

