	CORP A OPER T	WELL DEDOOT .			
111	STATE WELL REPORT Part 1		For Office Use Only:		
County: Walthaw	n	riller's Log	Well #: <u> </u>		
Permit #:	Mississippi Department of Environmental Quality		Aquifer:		
Driller: Titzeruld well fire	Office of Land and Water Resources		·		
Date drilling completed: 11-11-13,		P.O. Box 2309 on, MS 39225-2309	E-Log #:		
Date dritting completed.	.i (601)961-5210			
	•	1)360-0535 (fax)			
State Law requires that this repor Department at the above address	t be prepared by the within 30 days of co	license holder responsible for t npletion of drilling of the well o	he work and filed with the or borehole.		
Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location Latitude: 310/2/21.7 Longitude: 900/4/59.1" 33 57			
					Owner Name: Duight wicker.
Mailing Address: old Holmesu	lleRS				
Maiting Address.	Address: Oto Tron Co. 1921		USGS quad, Hand-held GPS, Survey-grade GPS		
71.6		<u>50 14 SE 14, Sec</u>	24 T3N RICE		
City State Zip Code Size 1/4 Sec 1/4 Sec					
		(Distance) (Direction)	(Nearest Town)		
Telephone No. ()					
Location of the source of any surface Method of dosing and volume of Chlo Logs run (circle all applicable): (o log Name of organization running log(s): Purpose of borehole (circle one): (val	From Electric Gam Electric Gam Geotechr	and development: ma Ray Density Sonic Neutr nical/Geological Investigation	on Other:		
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 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: Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Well depth: Well grouted to	o a depth of: 10	feet Type of grout (circle one	e): Neat Cement Bentonite Mix		
Casing length: 78 feet	Casing diameter:	inches Type of	casing:		
Screen length: 20' feet	Screen diameter: _	inches Type o	of screen: <u>fvc</u>		
Screen slot size: <u>~ O(0</u> inch	es Setting dept	h: Fromfeet	tofeet		
Type of completion (circle all applicable): Stavel packed Underreamed Open hole Natural Development					
Other (describe):					

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

Top of lap pipe or reduction in casing: ___

Form: OI WR-SWR-1A (4/13)

County: Walthau/ Permit #:			or Office Use	Only:
The sketch below only required for water wells	<u>Description of formations enc</u> and boreholes, unless specific			
If well telescopes, show depths on sketch.				To (depth)
Ground Level	Description of Formations Encour	ntereu	From (depth) Ground level	10 (deptil)
	Chuy		0	20
	Skind	•	20	60
	chy/		Ces	70
	(will some	d)	70	EY
			 	
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 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 was a second of the well of the country of the well			
Landowner Name: Durch water I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environity and state laws	constructed, and completed in	accordar opi Depar	nce with all appl rtment of Health	icable regulations,
if applicable, and state laws. Alfal Felture L. Org. Print Name of Responsible Licensee and License No.	11-11-13, Bulf	Signatu	ure of Licensee	
			Form: OLWF	R-SWR-1A (4/1

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STATE WELL REPORT

County: Walthan Permit #: Driller: VIZUVILL Date completed: 11-11-13. Copy information from block on Part 1

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 #:	<u>C163</u>			
Aquifer:				

(001) 300-0333 (1dx)				
	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Nught wicker, Mailing Address: Old Holmes Me Rd.	Latitude: 31° 12′21.7 Longitude: 90° 14′ 59.1″			
Mailing Address: Old Holmesville Rd.	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Typerform MS City State Zip Code	¼¼, Sec T R			
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)			
	oe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 11-11-13. Rated Pump Capacity: 25 Gallons Per Minute				
Is This Pump (circle one): (New) Repaired Replacemen				
Power Type (circle one)				
. /	dmill Other (describe):			
Horse Power Rating of Motor: 1/2 Setting Depth: 50 feet Number of Stages:				
Pump Test Data for Non Flowing Well				
Date Well Tested: Duration of Pump Test (minimum 4 hours): 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.				
Well yieldedGPM with a drawdown of	feet 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):				
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.				
BiAd Extremeld 029 11-11-13, Sulfale				
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer			
	/ Form: OLWR-SWR-1B (4/13)			