	STATE	WELL REPORT	To Oct - He Only
county: Walthaw	_	Part 1	For Office Use Only:
-	Driller's Log  Mississippi Department of Environmental Quality		
Permit #:	Office of La	nd and Water Resources	Aquifer:
Date drilling completed: 9-10-14.	Jacks	P.O. Box 2309 on, MS 39225-2309	E-Log #:
		601)961-5210 1)360-0535 (fax)	
	•	•	ke work and filed with the
State Law requires that this report Department at the above address w	t be prepared by the within 30 days of co	ucense notaer responsible for a mpletion of drilling of the well (	or borehole.
Well Owner Informat	tion Well or Borehole Location		ehole Location
(Landowner if borehole is not for	Latitude: 31° (2´ 41'' Lo		ngitude: <u>40° 13´ 26.1''</u>
Owner Name: Oscar Day.			e): Conventional Survey,
Mailing Address: 01d Holme	culle Rdi	i	GPS, Survey-grade GPS
Tylesting MS.		<u> </u>	20 T 3N R 10E
City State	Zip Code	Miles	of(Nearest Town)
Telephone No. ()		(Distance) (Direction)	(Nearest Town)
	Weil / I	Borehole Data	
Date drilling started 9-10-14. Date	e drilling completed	: 9-10-14. Hole depth: 23c	Mole diameter: 8"
Location of the source of any surface			
Method of dosing and volume of Chlor			
Logs run (circle all applicable): No log			
Name of organization running log(s):			C. I.C. Was Down
Purpose of borehole (circle one): Water		nical/Geological Investigation	Ground Source Heat Pump
I	<del>-</del>	(describe)	1
If drilling is not re	elated to water well	construction, skip the remainde	i
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: 110 fee	et (above or belo	w] land surface Date measure	ed: <u>9 - 10 - 14:</u>
Method of measurement (circle one):			1
Well depth: 230 Well grouted to	a depth of: 10	teet Type of grout (circle one	): Neat Cellent Delitorite Mix
Casing length: 220 feet		inches Type of	casing:
	Casing diameter:	1.11	A
Screen length: 10 feet	Screen diameter: _	4 <sup>11</sup> inches Type or	f screen: <u>Pvc</u>
Screen length:	Screen diameter: _	inches Type of the From 220 feet	f screen: PVC to 230 feet
Screen length:	Screen diameter: _	inches Type of the From 120' feet	f screen: <u>Pvc</u>
Screen slot size:inche	Screen diameter: _ ss Setting depti	inches Type of the From 120' feet	f screen: <u>PVC</u> to <u>230</u> feet  Natural Development CEVE
Screen slot size:inche Type of completion (circle all applicate Other (describe): Top of lap pipe or reduction in casing	Screen diameter:s  Setting deptible): Gravel packed	inches Type of the Fromfeet for the feet for the f	f screen: <u>PVC</u> to <u>230</u> feet  Natural Development CEIVE

If well telescopes, show depths on sketch.	Description of formations encountered wells and boreholes, unless specifically	must be provided completed by region	for all ulations
Ground Level	Description of Formations Encountered	From (depth)	To (dep
		Ground Level	TO (GC)
	clay		20
1	claye.	20	40
	stave.	40	60
	tlus	(e v	80
	Saladi	80	100
	Sand	100	(20
	- Clay.	120	182
	- Sandi	180	210
	Course Sund	210	23
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·			
		<del> </del>	
		<u> </u>	
f more than one screen, show location of each on sketch			
the money leaves at 1 1 2 1 2			
the property layout and include the following: 1) the we	ell location; 2) any permanent structures on the pr	roperty that may	
aid in locating the well; 3) any roads, power lines 4) a north arrow.	, or other items that may aid in locating the prop	erty and the well;	l
-/ <b>- AULUL BILVIT</b> .		11-	Ì
	House's 1 OF W	eu.	- 1
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or f	Winesule Rd.		
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wher Name: OScar Duy	Winesule Rd.	OLWR-SWR-1A (	

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

Print Name of Responsible Licensee and License No. Date Signature of Licensee

## STATE WELL REPORT

## County: Lealthaur Permit #: well Serve Driller: Fitzprald Date completed: 9-10-14.

## 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

For Office Use Only:	
Well #: <u>( 145</u>	
Aquifer:	

Copy information from block on Part 1	Jackson, MS 39225-2309	Aquiter:	
SOFT INFORMATION FROM MOCK ON PURE	(601)961-5210 (601) 360-0535 (fax)		
This part of the report must be completed by a license	, ,	Insuran Installan Assess Chart	
This part of the report must be completed by a license of the report must be attached and both parts filed with	th the Department at the above addre	pump instauer. A copy of Part 1 ss within 30 days of well completion.	
Well Owner Information	We	ll Location	
Owner Name: OSCar Day	Latitude: 3(\frac{3}{12} '4/''	Longitude: 60 0 13 26.1"	
Mailing Address: Oid Helusule Kd.	i i	one): Conventional Survey,	
	USGS quad, Hand-hei	d GPS, Survey-grade GPS	
Tylerbun on S. Gity State Zip Co	14 14 54	ecTR	
Telephone No. ()	Miles(Direction	of(Nearest Town)	
Pur	np Type (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing	· · · · · · · · · · · · · · · · · · ·	(describe).	
Date Pump Installed: 9-10-14			
Is This Pump (circle one): (New) Repaired Repla		GAROUS I CI MINUCE	
	ver Type (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO	, ,		
Horse Power Rating of Motor: 3/4 Setting			
	Data for Non Flowing Well		
Date Well Tested:	• • • •	nimum 4 hours): hours	
Static Water Level (A): Feet Below Land St			
Drawdown [(B) - (A)]:Feet Below Lar			
Method of measurement (circle one): Steel tape Elec	ctric tape Air line Other (describe	):	
	est Data for Flowing Well		
Measured shut in head:feet.			
Well yieldedGPM with a drawdown of _	feet after	hours of pumping	
M	leter Installation		
Meter Manufacturer:	Meter Serial Number:		
		Type of Meter:	
Totalizer Register Unit and Multiplier Factor (AF $ imes$ .00			
Installation Date: Meter installed			
	acement		
Important: By submitting the above information you	APP Certifying that this mater was inc	talled to manufacturer standards.	
For agricultural wells, a list	of approved meters is on the MDEQ	website.	
HEREBY CERTIFY that the above statements are true			
RAL Titravill 4 020	9-10-14	HOV 2 1 20	

Print Name of Pump Installer and License No. (if applicable)

Date

Signature of Pump Installer

Form: OLVR SWR-18 (4+73