	JOIAIL	WELL REPURT	
County: <u>Ucalthall</u>		Part 1	For Office Use Only:
Permit #:	I	Priller's Log	Well #: <u>F 232</u>
Driller: Estageould well stand	Mississippi Depart Office of Li	ment of Environmental Quality and and Water Resources	Aquifer:
Date drilling completed: 7-9-15.		P.O. Box 2309 on, MS 39225-2309	E-Log #:
	!	(601)961-5210 1)360-0535 (fax)	
State Law requires that this report		· •	ke work and Aladaut at
Department at the above agaress w	unm 30 days of co.	mpletion of drilling of the well a	re work ana Ju e a With the Or borehole.
Well Owner Informati	ion	Well or Bore	hole Location
(Landowner if borehole is not for Owner Name: Shape whether	•	Latitude: 3106 16,7 Lon	gitude: <u>40°14′5.3″</u>
Mailing Address: Horse Shoe 1		Method of Lat/Long (check one)	: Conventional Survey,
77-76-7	- N.O.	USGS quad, Hand-held GF	
Tylerkun. ms. City State		5E 4 5W4, Sec 3	
1	Zip Code		
Telephone No. ()		(Distance) (Direction)	(Nearest Town)
_	Well / B	orehole Data	
Date drilling started: 7-9-15. Date	drilling completed:	7-9-15 Hole denth 22n	Holo diameter 811
Location of the source of any surface wa			note diameter:
Method of dosing and volume of Chloring			
Logs run (circle all applicable): No log ru			Other
Name of organization running log(s):			VUIGI
Purpose of borehole (circle one) Water V	_	al/Geological Investigation Gr	round Source Heat Pump
Seismic		lescribe)	·
If drilling is not relat		nstruction, skip the remainder o	
Purpose of Well (circle all applicable). H	ome Industrial	210	h Culture
Other (describe):			
If a flowing well, method of flow regulat	ion: Valve	Other (describe)	
Static Water Level: 60 feet [a	above or below]	land surface Date measured:	7-9-15
Method of measurement (circle one): Ste	el tape Electric ta	oe Air line Other (describe):	
Well depth: $\frac{\cancel{C}}{\cancel{C}}$ Well grouted to a de	epth of: 10 fee	t Type of grout (circle one)	Pat Cement Rentonite Add.
casing length:feet Casin	ng diameter: 4	inches Type of cast	
Screen length:feet	en diameter: <u>4</u>	inches Type of scre	
Screen slot size:inches	Setting depth: F	7 -	
Type of completion (circle all applicable):	Gravel packed		Natural Development
Other (describe):			A to
op of lap pipe or reduction in casing:			
If telescoped	i or more than one	screen, describe on next page	

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

STATE WELL REPORT

Description of formations encountered must be provided for a	Щ
wells and boreholes, unless specifically exempted by regulation	745

•	wells and porenoies, anices of the		
well telescopes, show depths on sketch.	Description of Formations Encountered		To (depth)
Ground Level	Description of 1 officered 21100	Ground Level	
	clay	0	20
	Clay,	20	40
	course	40	fo
	I Clay,		180
	Saulet	180	200
	Cure Sand	2ber	220
			
			-
			
If more than one screen, show location of each on sketch			
II more than one second show to the second	ell location: 2) any permanent structures on t	he property that m	av
the w	ell location: 2) any permanent structures on t	to broborry man and	

;	perty lay aid in loc 4) a north	ating the well	le the following: 1 3) any roads, pov) the well location; 2) wer lines, or other item	any permanent structu s that may aid in locat	res on the property that m ing the property and the w	ell;
andowner	Name:	Shane	whiteen	wre			
						Form: OLWR-SW	
ifi: that	the well	/horehole W8:	drilled, constru	cted, and completed i	n accordance with al	l applicable requirement	s of the
ermy mau ississippi 1	Departm	ent of Enviro	nmental Quality	and the Mississippi I	epartment of Health	regulations, if applicable	e, and stat
ws.		. 1		7-9-15		track	
BIAZ	Fitz	urald.			- DUC	of Licensee	
	-S Deare	ncible I icens	ee and License N	o. Date	Signan	ire of Licensee	

STATE W	ELL REPORT For Office Use Only:
	Part 2
i Puma Installer	's Completion Report Aquifer:
Permit #: Mississippi Departme Driller: Vitzerald well forme Office of Land P.O.	nt of Environmental Quality
Driller: Fitzerald Well former Office of Land	and Water Resources Box 2309 Well #: £23 2
	n, MS 39225 Elevation:
Date completed:)961-5210
Copy information from block on Part 1 (601)90	61-5228 (fax)
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Shane whitemar.	Latitude: 3106 167 "Longitude: 90014 5.3"
Mailing Address: House Shoe Rd	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Tyle Joun MS Gity State Zip Code	
⊈ ity State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Milesof
	Payar Tyre
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submérsible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 3/4
Date Pump Installed: 7-9-15.	Setting Depth: /20' feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tane
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
5 data 1. data 2010. (19).	Other (specify):
Pumping Water Level (B):Feet Below Land Surface	
	i
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Well yieldedGPM with a drawdown ofhours of pumping
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown ofhours of pumping
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours This is for (circle one): New Well Replacement of Ex	Well yieldedGPM with a drawdown ofhours of pumpinghours of pumpingkisting PumpRepair of Existing Pump
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours This is for (circle one): New Well Replacement of Ex I HEREBY CERTIFY that the above statements are true to the best	Well yieldedGPM with a drawdown ofhours of pumpinghours of pumpingkisting PumpRepair of Existing Pump
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours This is for (circle one): New Well Replacement of Ex	Well yieldedGPM with a drawdown ofhours of pumpinghours of pumpingkisting PumpRepair of Existing Pump

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