·	STATE WELL REPORT	Г — <u> </u>				
County: Walthaw	Part 1	For Office Use Only:				
Permit #:	Driller's Log	Well #: H 155				
	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:				
Driller: Fitzerald hell Serap.	P.O. Box 2309	E-Log #:				
Date drilling completed: 1-16-14	Jackson, MS 39225-2309 (601)961-5210					
(601)360-0535 (fax)						
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 Informat	ion Well or Boro	Well or Borehole Location				
(Landowner if borehole is not for	Latitude: 30°3',9" Lo	ngitude: <u>40°13′62″</u>				
Owner Name: <u>tevin (opeland)</u> Mailing Address: <u>Stallings Rid</u>	O \	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address:	USGS quad, Hand-held C	GPS, Survey-grade GPS				
Tiledon NE 14 SW 14, Sec		17 T IN R 100				
Tylerium M State	Zip Code Miles	of (Nearest Town)				
Telephone No. ()	(Distance) (Direction)	(Nearest Town)				
	Well / Borehole Data					
Date drilling started: 1-16-14. Date drilling completed: 1-16-14. Hole depth: 90 b. Hole diameter: 811						
Location of the source of any surface water used for drilling:						
Method of dosing and volume of Chlorine used in drilling and development:						
Logs run (circle all applicable): No log	run Electric Gamma Ray Density Sonic Neutr	on Other:				
Name of organization running log(s): _						
Purpose of borehole (circle one) Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
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: 47 feet [above or below] land surface Date measured: 1-16-14 (circle one)						
i	Sceet tape Electric tape Air line Other (describe					
Well depth: 40 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
	Casing length: 80^- feet Casing diameter: 4^{ii} inches Type of casing: 90^-					
	Screen length: 10 feet Screen diameter: 10 inches Type of screen: Pcc					
Screen slot size:inches Setting depth: Fromfeet_tofeet_to						
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development						
Other (describe):		FER (6 20%				

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

Top of lap pipe or reduction in casing: _____feet

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

The sketch below	only required for water wells	Description of formations encou	untered mu	ist be provid	ed for all wells
	show depths on sketch.	and boreholes, unless specifical	lly exempte	d by regulat	ions
Ground Level		Description of Formations Encounter		rom (<i>depth</i>) Ground level	To (depth)
		clay		0	20
		class		20	40
		Sand.		40	60
		Cluz		<u>lec</u>	70
		juste Sand	-	70	80
		(wife sere		B O	90
					
	1				~
If more than one scree	n. show location of each on sketch				
	n, show location of each on sketch			٧٠	بالا
ketch the property layers	out and include the following:				ell'
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STATE WELL REPORT

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 #: H155					
Aquifer:					

	r well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Kevin Copaland	Latitude: 31037.5" Longitude: 90° 13' 6.2"				
Mailing Address: Stally Bidg. Rd	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Tyle-Kour MS City State Zip Code					
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)				
	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 1-16-14.	Rated Pump Capacity: 12- Gallons Per Minute				
Is This Pump (circle one): (New) Repaired Replaceme	nt				
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wir	ndmill Other (describe):				
Horse Power Rating of Motor: 3/4 Setting Dep	th: 80´feet Number of Stages: 12				
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 Sur	face Test Pumping Rate:Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric to	ape Air line Other (describe);				
	ta 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					
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replaceme					
Important: By submitting the above information you are ce	ertifying that this meter was installed to manufacturer standards. Or over meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge.				
Brad त्रीर्ट्यार्ट, 024, Print Name of Pump Installer and License No. (if applicable)	1-16-14 Relffile				
or rump installer and License No. (If applicable)	Date Signature of Pump Installer				

Form: OLWR-SWR-1B (4/13)