STATE	WELL REPORT		
county: Walthaw	Part 1	For Office Use Only:	
	Driller's Log	Well#: KICI	
Driller: Frequent well feva. Mississippi Depar Office of L	tment of Environmental Quality and and Water Resources	Aquifer:	
	P.O. Box 2309	E-Log #:	
Date drilling completed: (6-10-13. Jack	son, MS 39225-2309 (601)961-5210		
•	01)360-0535 (fax)	•	
State Law requires that this report be prepared by the Department at the above address within 30 days of c	e license holder responsible for to completion of drilling of the well	he work and filed with the or borehole.	
Well Owner Information	ation Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 3101 23" Lor	ngitude: 89 58 5.9"	
Owner Name: Mike Swanner		C'6 :): Conventional Survey,	
Mailing Address: And RJ	1		
	USGS quad, Hand-held G	GPS, Survey-grade GPS	
Tylatum mc	N.W 14 SW 14, Sec_	25 T /N R12 F	
City State Zip Code	Miles	26	
Telephone No. ()	(Distance) (Direction)	(Nearest Town)	
			1
Date drilling started: 6-10-13 Date drilling complete	Borehole Data	Hole diameter: 811	
			ļ
Location of the source of any surface water used for dril			
Method of dosing and volume of Chlorine used in drilling			
Logs run (circle all applicable): No log run Electric Gar	mma Ray Density Sonic Neutr	on Other:	
Name of organization running log(s):			
Purpose of borehole (circle one): Water Well Geotech	nnical/Geological Investigation	Ground Source Heat Pump	BE.
Seismic Survey Othe	er (describe)		L'ECE!
If drilling is not related to water wel	l construction, skip the remainde	er of this block	Section of the second
Purpose of Well (circle all applicable): Alems Industria	al Public Supply Irrigation	Fish Culture	100
Other (describe):			CLWA
If a flowing well, method of flow regulation: Valve	Other (describe)		1
Static Water Level: 90 feet [above or bel (circle one)			
Method of measurement (circle one): Steet tape Electr			
Well depth: 140 Well grouted to a depth of: 10			
Casing length: 130' feet Casing diameter:		— — — — — — — — — — — — — — — — — — —	
Screen length: 10 feet Screen diameter:			
Screen slot size:inches Setting dep	th: From 130 feet		
Type of completion (circle all applicable): Gravel packet		Natural Development	
Other (describe):			

__feet

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

Top of lap pipe or reduction in casing: _____

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

County: Walthou	u				Fo	r Office Use	e Only:
Permit #:						K101	
he sketch below only re	eguired for wate	r wells	<u>Description</u>	of formations enc	ountered	must he provid	ed for all wells
well telescopes, show			and borehol	es, unless specific	ally exem	pted by regulat	ions
round Level			Description o	f Formations Encour	ntered	From (depth)	To (depth)
	T					Ground level	
				Claye		20	40
				Sand	1	40	60
				Clu	10.	60	80
				C/W	he-	80	100
				Jano		100	120
				(unde san	vdi	120	140
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nore than one screen, show	 w location of each	on sketch					
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STATE WELL REPORT

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 #:	KIOI			
Aquifer: _				

(601)961-5210 Copy information from block on Part 1 (601) 360-0535 (fax) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. · Well Location Well Owner Information 23" Longitude: 65 85° 58' 556 Owner Name: Nike Swanner Mailing Address: Ard Rd, Method of Lat/Long (check one): Conventional Survey___ USGS quad . Hand-held GPS_____, Survey-grade GPS_ Miles _____ of ___ Telephone No. (____ Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Gallons Per Minute Date Pump Installed: Repaired Replacement Is This Pump (circle one): Power Type (circle one) Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): 10 Bo __feet Number of Stages: _ Setting Depth: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): _____ hours Date Well Tested: Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Drawdown [(B) - (A)]: ______Feet Below Land Surface Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):___ Pump Test Data for Flowing Well Measured shut in head: _____feet. AKOLWA BY: OLWA ____hours of pumping __GPM with a drawdown of ______ feet after ___ 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 know	vledge.	
BIAD FIZURALD. 024. Print Name of Pump Installer and License No. (if applied)	6-10-12	Bul Hall	
Print Name of Pump Installer and License No. (if applied	cable) Date	Signature of Pump Installer	

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