STATE WELL REPORT	For Office Use Only:
ounty: WAITHALL Part 1 Driller's Log	Well #: <u>K104</u>
ermit #: Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
priller: $W_1/(1 - C) = C + C + P_0$, Box 2309	E-Log #:
Date drilling completed: 2/24/14 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 Department at the above address within 30 days of completion of drilling of the well or Bore Well or Bore	he work and filed with the or borehole.
Well owner Information Well or Bore	hole Location
(Landowner if borehole is not for a water well) Latitude: 306 Lor	ngitude: $90^{\circ}0^{\circ}57^{\circ}$ W V
	e): Conventional Survey,
	SPS, Survey-grade GPS
	32 T TN R12E
City State Zip Code // Miles S/E of	of ty Extown (Nearest Town)
(Distance) (Direction)	/ (Nearest Town)
Telephone No. ()	
Well / Borehole Data	Hole diameter: $7/2$
Well / Borehole Data Date drilling started $\frac{2}{24}/\frac{9}{4}$ Date drilling completed $\frac{2}{24}/\frac{9}{4}$ Hole depth:	INAtor .
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):	Ground Source Heat Pump
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation	
Seismic Survey Other (describe)	
If drilling is not related to water well construction, skip the remainde	
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 (<i>describe</i>)	alauluu
Static Water Level:feet [above_orland surface Date measure (circle one)	
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe	e):
Well depth: 133 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 123 feet Casing diameter:inches Type of	f casing:
Screen length:feet Screen diameter:inches Type o	of screen:
Screen length:	to 173feet
Screen slot size:	Natural Development
Type of completion (circle an appreadic), or are packed	ratural Development
Other (describe):	V
Top of lap pipe or reduction in casing:feet	
If telescoped or more than one screen, describe on next p	Form: OLWR-SWR-1A (4/13)

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BY: OLWR

Permit #:	w	For Office Us ell #: <u>4 16</u> 4	e Only:
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations encour and boreholes, unless specifically	ntered must be provid exempted by regula	led for all wells tions
Ground Level	Description of Formations Encounter	red From (depth)	To (depth)
	top Soi	1 0	
	SANGY CLAY		78
	SAId	78	133
If more than one screen, show location of each on sketch	ł		L
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 full to the form of the form o	aid in locating the well in locating the property and the well		
448	Dexter \$		
5-78	Dexter		
Miss. W	Constraint of the second secon		
5-78	el ine s		

STATE W	ELL REPORT	
in the second se	Part 2	For Office Use Only:
County: WHTTHAN Pump Installe	r's Completion Report	
Permit #:/ Mississippi Departn	nent of Environmental Quality	Well #: <u>K1C4</u>
Driller Wille Product Office of Lar	nd and Water Resources .O. Box 2309	
	n, MS 39225-2309	Aquifer:
	501)961-5210) 360-0535 (fax)	
	Il a sutration on a ligansed put	nn installer. A copy of Part 1
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	epuriment ut me ubore unit	and the second
Well Owner Information		ocation gitude: $90^{\circ}0^{\prime}57\mu$
Owner Name: MADIS Joves	1	
218 trunter Stato NO	Method of Lat/Long (check one): Conventional Survey,
Mailing Address 10 10 10 10 10 10 10 10 10 10 10 10 10	HISGS guad . Hand-held G	PS, Survey-grade GPS
-1913	<u>SE 14_SW</u> 14, Sec_	32 J 1NR 12E
City State Zip Code	1 10 Miles SIE o	Tylertown
Telephone No. ()	(Distance) (Direction)	(Nearest Town)
	pe (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (de	scribe):
Submersible) Turbine Air Lift Centrifugal rowing weat Date Pump Installed: $\frac{2}{24/14}$	Rated Pump Capacity:/0	Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement	nt	
Power Ty	pe (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Win	Idmill Other (describe):	Ø
Horse Power Rating of Motor:	th: <u>/20</u> feet Number	of Stages: <u> </u>
/ Pump Test Data	for Non Flowing Well	. 1
Date Well Tested: 2/24/14		hours the formation of
Static Water Level (A): Feet Selow Land Surface		Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below Land Sur		Gallons Per Minute
Method of measurement (circle one): Steel tape Electric t	ape Air line Other (describe):	
	ta for Flowing Well	
Measured shut in head:feet.	fact ofter H	hours of pumping
Well yielded GPM with a drawdown of		
	Installation	
Meter Manufacturer:	Meter Serial Number:	
Meter Model Number/Name:	Type of Meter:	
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	l x 1000, etc):	
Installation Date: Meter installed by:		
Is This Meter (circle one): New Repaired Replacem		
	artifying that this meter was inst	alled to manufacturer standards.
Important: By submitting the above information you are c For agricultural wells, a list of ap	proved meters is on the MDEQ w	vebsite.
I HEREBY CERTIFY that the above statements are true to the	ne best of my knowledge.	in the second in
Will're - CYAN 0-508 Print Name of Pump Installer and License No. (if applicable	$\frac{1}{Date} = \frac{1}{Signa}$	ture of Pump installer
Fine name of Fump instance and account for () approach		Form: OLWR-SWR-1B (4
		RECEN
		NAC 운영 안
		BY: OLV

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