County: Waltham Permit #:
Tyler town MS 39667 State Zip Code Telephone No. (GOL) 876-9758
Well / Borehole Data Date drilling started: 15:16 Date drilling started: 15:16 Date drilling started: 12:0 Hole diameter: 13:0 Location of the source of any surface water used for drilling: 12:0 Method of dosing and volume of Chlorine used in drilling and development: 12:0 Logs run (circle all applicable): 10:0 Name of organization running log(s):
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):
Top of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on next page

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County: _	(ealthall_
Permit #:	

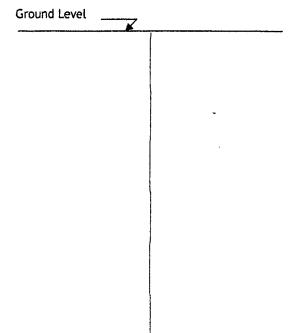
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For Office Use Only:					
Well #:	Y	ήİ		4	
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The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of	formations encountered must be provided for all	wells
and boreholes,	unless specifically exempted by regulations	

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
topsoil clay Sand-		85
Sand	85	120
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following:	
1) the well location	
2) any permanent structures on the property that may aid in locating the well	
3) any roads, power lines, or other items that may aid in locating the property and the well	
4) north arrow	
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well	
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	OV Press
Landowner Name: Shirley Kennedy	CY CLVM
	A State of the second sec
I HEREBY 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 Departm	ent of Health regulations
if applicable, and state laws.	iene or meater regulations,
Town 10 1/alla ANDESSA SISII	
James M. Wells 00005889 8.15.16 James ~	· (melso
Print Name of Responsible Licensee and License No. Date Signature	of Licensee

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

	ATE WELL REPORT Part 2	
County: Lithmall Pump	Installer's Completion Report	For Office Use Onl
	pi Department of Environmental Qualit	y Well #:
	fice of Land and Water Resources P.O. Box 2309	, , , ,
Date completed: <u>6.15-16</u>	Jackson, MS 39225-2309	Aquifer:
<u>Copy information from block on Part 1</u>	(601)961-5210 (601) 360-0535 (fax)	L
This part of the report must be completed by a lice of the report must be attached and both parts filed	nsed water well contractor or a licensed with the Department at the above addre	pump installer. A copy of Part ss within 30 days of well comple
Well Owner Information		Il Location
Owner Name: Shinley Kennedy	Latitude:	Longitude:
Mailing Address:		one): Conventional Survey
226 Conerly Rd	USGS guad . Hand-held	d GPS, Survey-grade GPS_
Tylertown MS 3960		ec T R
City State Zip	o Code	
Telephone No. (601) 876-9758	(Distance) (Direction	of (Nearest Town)
)	Pump Type (circle one)	
Submersible Turbine Air Lift Centrifugal Flow		
Date Pump Installed:	Rated Pump Capacity:	Gallons Per N
Is This Pump (circle one): New Repaired R	أتستين الانتجاب بمحدد الجسيد الشاعد والمتقات والمتراف والمتراف والمتري والمتحد والمحد والمتحد والمتحد	
	Power Type (circle one)	
Electric Diesel Gasoline Natural Gas Tractor		
Horse Power Rating of Motor: Se	etting Depth: _/feet Num	ber of Stages: _/
	Test Data for Non Flowing Well	11
Date Well Tested:	Duration of Pump Test (mi	nimum 4 hours):
Static Water Level (A): 65 Feet Below La): <u>100</u> Feet Below Land Su
Drawdown [(B) - (A)]:Feet Below	w Land Surface Test Pumping Rate:	Gallons Per M
Method of measurement (circle one: Steel take		•
	p Test Data for Flowing Well	
Measured shut in head:feet.		
Well yielded GPM with a drawdown	of feet after	hours of pumping
	Meter Installation	
Meter Manufacturer:		• • • • • • • • • • • • • • • • • • • •
Meter Model Number/Name:	Type of Meter:	
Totalizer Register Unit and Multiplier Factor (AF	x .001, gal x 1000, etc):	Rotania Rotania
Installation Date: Meter ins	talled by:	👔 k Stan Station
Is This Meter (circle one): New Repaired	Replacement	AUG 182
Important: By submitting the above information For agricultural wells,	n you are certifying that this meter was in a list of approved meters is on the MDE	nstalled to manufacturer standa
I HEREBY CERTIFY that the above statements are		have i that a
The second s		
Tames M. Wells 00005889 Print Name of Pump Installer and License No. (If	BIP II t	a m e ./L

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	SWR-1B	