County:	Warr	en
Driller: 1	Charles ng completed:	M. Aichals 5-5-14

STATE WELL REPORT

Part 1

Driller's Log

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:				
Vel #:	AAC			
Aquifer:				
E-Log #:				

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 or Borehole Location Well Owner Information (Lendowner if borehole is not for a water well) Latitude: 32 34/328 Mongitude: 9/ 03 67.52 Owner Name: Rill Mailing Address: 164 Evergreen Drive Method of Lat/Long (check one): Conventional Survey, USGS quad, L'Hand-heid GPS, D Survey-grade GPS IR 1/1 1/2 1/2 Sec (6 T 18NR 2E Telephone No. Weil / Borehole Data Date drilling started: 5-5-14 Date drilling completed: 5-5-14 Hole depth: 97 Hole diameter: 8: 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 (check all applicable): Mo log run 🔲 Electric 🗀 Gamma Ray 🗋 Density 🗋 Sonic 🗋 Neutron 🗋 Other. Name of organization running log(s): Purpose of borehole (check 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 (check all applicable): ☐ Home ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Fish Culture Other (describe): wetering grass If a flowing well, method of flow regulation: Valve ______ Other (describe) 12 feet [above or below] land surface Date measured: 5-5-14 (check one) Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) Well depth: 97 Well grouted to a depth of: ______ feet Type of grout (check one): | Neat Cement | Bentonite | Mix Casing length: 10 24 feet Casing diameter: 4 inches Type of casing: Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc Screen slot size: , 010 ____ inches Setting depth: From _______ feet to ______ feet Type of completion (check all applicable): **Gravel packed ** Underreamed *** Open hole *** Natural Development Other (describe): Top of lap pipe or reduction in casing: ___

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

The states before with required for wear wide The literacous show dealth on states. Ground level Description of Formations encountered must be provided for all wells and benefit encountered to the property in the state of the Mississippi Department of Environmental Quality and the Mississippi Department of the state of the Mississippi Department of Environmental Quality and the Mississippi Department of the state of Charles. Description of Formations Encountered must be provided for all wells and benefit end to the property in the state of the Mississippi Department of Environmental Quality and the Mississippi Department of Health requirements of the Mississippi Department of Health requirements of the Mississippi Department of Health requirements of Signature of Literace (Charles M. All 1996). Find Name of Responsible Licensee and Licensee No. Date Date Description of formations encountered must be provided for all wells and benefit of the state requirements of the Mississippi Department of Health requirements of Signature Cylicensee. Signature of Licensee and Licensee No. Date Date Description of Formations encountered must be provided for all wells and benefit of the Mississippi Department of Health requirements of Signature Cylicensee. Signature Cylicensee. Signature Cylicensee. Signature Cylicensee.	County: Warrer					Office Use (
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Print Name of Responsible Licensee and License No. Date Signature of Licensee	requirements of the Missi if applicable, and state law	issippi Department of Environments.	ntal Quality and	the Mississippi	cordance with Department of	all anniicahla	
				4 Ch	aska 1	Muk	alla
	Frint Name of Responsit	DIE LICENSEE AND License No.	Date		Signatur		MP 14 (4/12)

Signature of Pump Installer Form: OLW/R-SWR-1B (4/13)

Permit #: Onlier: Charles M. Nicks Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Aquife	: <u>A40</u>
Permit #: Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources	
Onlier: Charles M. Acade Mississippi Department of Environmental Quality Office of Land and Water Resources	
	
Date drilling completed: 5-5-14 P.O. Box 2309	**
<u>Copy information from block on Part 1</u> Jackson, MS 39225-2309 (601) 951-5210	
(601) 360-0535 (fax)	
This part of the report must be completed by a licensed water well contractor or a licensed pump install	les A com of Port I
of the report must be attached and both parts filed with the Department at the above address within 30	days of well completion.
Well Owner Information Well Loca	
Owner Name: Bill Roberts Latitude: 3234 1328 noh	gitude: <u>91°03'07.5</u> 27
Mailing Address: 104 Zuesgreen Drive Method of Lat/Long (check one):	
USGS quad, Hand-held GPS	, 🔲 Survey-grade GPS
Brandon Ms. 39042 IR 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	7 18N R DE
Talanhara Na / 1	of(Nearest Fown)
Pump Type (check one)	
1	
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other	(describe):
Date Pump Installed 5-5-14 Rated Pump Capacity: 10 Is This Pump (check one): Wew Repaired Replacement	Gallons Per Minute
Power Type (check one)	
☑ Electric □ Diesel □ Gasoline □ Natural Gas □ Tractor PTO □ Windmill □ Other (describe):	
Horse Power Rating of Motor: Setting Depth: feet Number	-(C)
- CCC PORTION	or Stages
Pump Test Data for Non Flowing Well	
Date Well Tested: 5-5-14 Duration of Pump Test (minimum 4.1)	hours).
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B):	Feet Relay Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate:	/ Oct Delow Land Stillage
Method of measurement (check one). Steel tape Electric tape Air line Other (describe):	Gallons Fer Minute
Pump Test Data for Flowing Well	
Measured shut in head: feet	
AND I A A A A A A A A A A A A A A A A A A	
Well yielded GPM with a drawdown of feet after	hours of pumping
Meter Installation	
Type of moter.	
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by:	
Installation Date: Meter installed by:	
le This Motor (cheek anal) T New T Desired T 2	
Is This Meter (check one): New Repaired Replacement	
Is This Meter (check one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to m For agricultural wells, a list of approved meters is on the MDEQ website.	sanufacturer standards.

Print Name of Pump Installer and License No. (# applicable)