County:	Washington
	GW-46573 \
Driller:	Irrigation Equipment
	na completed: 07/21/2012

## **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 (601) 961-5210 (601) 961-5228 (fax)

-	For Off	fice Use Only:	
Aquifer:	$\bot$	<u> 251</u>	
Well #:			
L.S. Eleva	ation:		
E-log #:			

State Law requires that this report be prepared by the license holder responsible for the work and filed with the

L D	epartment at the above address within 30 days	of completion of drilling of the well or borehole.
(Lando	Information on Well Owner when when when when when when well well when well is not for a water well)	Well or Borehole Location
Owner Name	Metcalfe & Weathers	Latitude: 33 ° 27 ' 37 " Longitude: 90 ° 59 ' 02 "
Mailing Address:	P.O. Box 190	Method of Lat/Long (check one):   Conventional Survey,
		☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS
	Metcaife Ms 38760	SW ¼ SW ¼ Sec 25 √ Twn 19N √ Rng 8W
	City State Zip code	SE Distance Direction Nearest Town
Telephone No.		1 Miles Northeast of Metcalfe
	Well / E	orehole Data
Date drilling starte	ed: 07/21/2012 Date drilling completed: 07/	<b>21/2012</b> Hole depth: <b>103</b> Hole diameter: <b>24"</b>
	urce of any surface water used for drilling: Surface and volume of Chlorine used in drilling and develope	
	Il applicable): ☑ No log run ☐ Electric ☐ Gamm tion running log(s):	a Ray Density Sonic Neutron Other:
Purpose of boreho	ele (check one): 🛛 Water Well 🔲 Geotechnica	al/Geological Investigation Ground Source Heat Pump
	Seismic Survey Other	
	If drilling is not related to water well c	onstruction, skip the remainder of this block
Purpose of Well (	check one)	pply ⊠ Irrigation □ Fish Culture ⊠ Other: Repl GW-37018
If flowing, method	d of flow regulation: Valve Other (d	escribe)
Static Water Leve	l: 22 feet above or below (check one)	and ⊠ surface Date measured: 07/23/2012
Method of Measur	rement (check one) ⊠ steel tape □ electric tape	☐ air line ☐ other:
Well depth: 103	Well grouted to a depth of feet	Type of grout (check one): ☐ Neat Cement ☐ Bentonite ☐ Mix
Casing length:	feet Casing diameter: 16	inches Type of casing: PVC
Screen length:	feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size:	.050 inches Setting depth: From	64 feet to 103 feet
Type of completion	on (check all applicable): 🛛 Gravel packed 🔲	Underreamed
	Other (describe):	
Top of lap pipe or	reduction in casing: feet.	If telescoped or more than one screen, describe on next page
		Form: OLWP_SWR-1A (04/08)

## The sketch belo only required for water w

If well telescopes.	show	denths	on s	iketch.

7	f well	telescopes,	show	denths	on sketch.
ᆂ	1	*Ctcacobca	De 10 //	COPRIO	DIT DITECTOR

Ground level

keich below only required for water wells	Description of formations encountered must be provided for al
	wells and boreholes, unless specifically exempted by regulation
l telescopes, show depths on sketch.	

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	33
Fine Sand	34	55
Medium Sand & Gravel	56	100
Clay	101	103
A STATE OF THE STA		

If more than one screen, show location of each on sketch

n more than one server, snow re	outlier of cuert on micron			
Sketch the property layout and aid in locating 4) a north arro	the well; 3) any roads	g: 1) the well location , power lines, or other	n; 2) any permanent structures er items that may aid in locating	on the property that may g the property and the well;
Landowner Name: Metc	alfe & Weathers		-	
I certify that the well/borehole w Mississippi Department of Envir	as drilled, constructed, conmental Quality and t	and completed in according to the Mississippi Depart	ordance with all applicable requ ment of Health regulations, if ap	oplicable, and state
laws. Patrick Chism 0695		09/18/2012		<u> RECEIVED</u>
Print Name of Responsible Licensee and I	License No.	Date	Signature of Licensee	SEP 2 0 2012
France municided by France On A Pinte	044 040 0400 Fr	itale aana		BY: OLMA

## 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 (601) 961-5210 (601) 961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

Date drilling completed: 07/21/2012 Copy information from block on Part 1

Driller: Irrigation Equipment

County: Washington

Permit #: **GW-46573** 

This part of the report must be comple report must be attached and both parts	ted by a licensed water wel s filed with the Department	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.
Well Owner Inform		Well Location
Owner Name: Metcalfe & Weathers		Latitude: 33 27' 37 N Longitude: 90 59' 02 W
Mailing Address: P.O. Box 190		Method of Lat/Long (check one):   Conventional Survey,
		☐ USGS quad,   ☑ Hand-held GPS,   ☐ Survey-grade GPS
Metcalfe	Ms 38760	SW 1/4 SW 1/4 Sec 25 T 19N R 8W
City	State Zip code	Distance Direction Nearest Town
Telephone No. ( ) -	approximation of the second se	1 Miles Northeast of Metcalfe
Pump Type Check one		Power Type Check one
☐ Air Lift ☐ Jet	Submersible	☐ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas
☐ Bucket ☐ Piston	□ Turbine	☐ Electric Motor ☐ Hand ☐ Tractor PTO
☐ Centrifugal ☐ Rotary	☐ Flowing Well	☐ Windmill ☐ Other (specify):
Other (specify):		Horse Power Rating of Motor: 60
Date Pump Installed: 07/23/2012		Setting Depth: 50 feet
Rated Pump Capacity	Gallons Per Minute	Number of Stages: 2
Pump Test Da	ta	Method of Measuring Water Level Check one
Date Well Tested:		☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape
Static Water Level (A):	Feet Below Land Surface	Other (specify):
Pumping Water Level (B):	Feet Below Land Surface	
Drawdown [(B) - (A)]:	Feet Below Land Surface	For flowing well, measured shut in head: feet
Test Pumping Rate:	Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hours	feet after hours of pumping
This is for (check one):	w Well Replacen	nent of Existing Pump Repair of Existing Pump
I HEREBY CERTIFY that the above states	nents are true to the best of m	
Patrick Chism	0695	SEP 2 0 2012
Print Name of Pump Installer and License	e No. (if applicable)	Signature of Pump Installer