STEELE PAVIS

	State Well Report		
County: WASHINGTON	Part 1 – Driller's Log	For Office Use Only:	
	Mississippi Department of Environmenta		
Permit #: 6W - 4\$ 959	Office of Land and Water Resourc P.O. Box 2309	es Well#:	
Driller: J.NEWCOME 0:773	Jackson, MS 39225		
Date drilling completed: 7.7.2012	(601)961- 5210	L. S. Elevation:	
	(601)961- 5228 (fax)	E-log #:	
	be prepared by the license holder respo within 30 days of completion of drilling		
Information on Well O	wner	Well or Borehole Location	
(Landowner if borehole is not for	a water well)	5 .24 " Longitude: 91 .02 .05 "	
Owner Name Steele Vauis			
Mailing Address: 8-14 Lake V	Method of Lat/Lo	ng (circle one): Conventional Survey,	
Road West	USGS quae	Hand-held GPS, Survey-grade GPS	
A 11	ATU 1/2 WE 1/2	Sec_ 02 Twn 16N Rng 08W	
Glen Allen M	5 38/44 IR IR		
City State	Zip Code Distance 2 Miles	Direction Nearest Town N. of NON	
Telephone No. ()_			
	Well / Borehole Data		
Date drilling started: 7.7.2012 Date dril	ling completed: 7.7.2012 Hole depth:	Hole diameter: 24"	
Location of the source of any surface water	• •		
Method of dosing and volume of Chlorine	used in drilling and development: CHLORI	NE TABLETS	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic SurveyOther (describe) If drilling is not related to water well construction, skip the remainder of this block			
	\		
Purpose of Well (check one): Home Industrial Public Supply Irrigation X Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet abo	ve or below (circle one) land surface Date	measured:	
` ` '	•	ther:	
Well depth: 45 Well grouted to a dep	th of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length:feet Casing	diameter: inches Type o	of casing: P.V.C.	
Screen length: 40 feet Screen	n diameter: 16 inches Type o	f screen: P.V.C.	
Screen slot size:inches	Setting depth: From 55 fee	t to <u>95</u> feet	

Type of completion (circle all applicable): Gravel packed

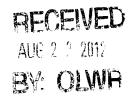
Top of lap pipe or reduction in casing: ___

Other (describe):

Form: OLWR-SWR-1A (04/08)

Underreamed Telescoped Open hole Natural Development

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



The sketch	holow	only	ronuirod	for	water wel	lle.
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If well telescope	e chow donth	s on skatch
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Ground Level-

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)
TOP SOIL	Ground Level	10
SAUD	10	55
COARSE SAND BOTTOM	55	95
BOTTOM	95	97

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 str	uctures on the property that may
aid in locating the well; 3) any roads, power lines, or other items that may aid in l	ocating the property and the well;
4) a north arrow.	
ST MAD	
SEE MAR	
andowner Name:	
	Form: OLWR-SWR-1A (04/

I 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 Department of Health regulations, if applicable, and state 1 1

laws.		,
JOHN NEWCOME 0.773	7.7.2012	la New
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

County: WASHINGTON

Permit #: 6W - 45959

Driller: SNEWCME 0-773

Date completed: 7 - 7 - 2012

Copy information from block on Part 1

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 #: K159		
Elevation:		

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 Owner Information Latitude: 33 15 24" Longitude: 91 02 05" Owner Name: STEELE DAVIS Mailing Address: 844 LAILE WASHINGTON RD Method of Lat/Long (check one): Conventional Survey, USGS quad____, Hand-held GPS_X, Survey-grade GPS___ NW 1/ NE 1/ Sec DZ TIGN ROBW Nearest Town Direction 2 Miles N of AVON Telephone No. () Power Type Pump Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Tractor PTO Hand Bucket Piston Turbine Windmill Other (specify): Flowing Well Centrifugal Rotary Horse Power Rating of Motor: 30 Other (specify): __ Date Pump Installed: 7/16/12 Setting Depth: Rated Pump Capacity: 1200 Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: __ Electric Measuring Line Steel Tape Air Line 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: Well yielded _____GPM with a drawdown of Test Pumping Rate: _____ Gallons Per Minute feet after hours of pumping Duration of Pump Test (minimum 4 hours): _____hours

* ALER EDAY OF DETIEVALAND above statements are true to the best of my knowledge	

Replacement of Existing Pump

HEREBY CERTIFY that the above statements are true to the best of my kine in

New Well

Print Name of Pum Installer and License No. (if applicable)

This is for (circle one):

Signature of Pump Installer

Repair of Existing Pump

RECEIVED

Form: OLWR-SWR-1(2) (0)7-09) 1/2

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