	County: _	Wash	inat	<u> </u>
i	Permit #:	C1046	141	-
	Driller:	harles	M. I	كأملء
1	Date drilling	completed:	5-	29-12

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:			
Well #:	K174		
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 Owner Information (Landowner if borehole is not for a water well) Latitude: 33012,218N Longitude: 9103,817L Owner Name: Anne: Alexander ☐ USGS quad, Hand-held GPS, ☐ Survey-grade GPS 5W 4 NE 4, Sec 25 T 16N R 8W Miles South of Avon Telephone No. Well / Borehole Data Date drilling started: 5-29-12 Date drilling completed: 5-29-12 Hole depth: 100 Hole diameter: 20 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): 🛂 No 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): If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: 12 feet [above or below] land surface Date measured: 5-29-12 (check one) Method of Measurement (check one) 🗷 Steel tape 🗌 Electric tape 🗌 Air line 🗌 Other: (describe) Well depth: 106 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite 60 feet Casing diameter: ________ inches Type of casing: _____ 40 feet Screen diameter: 10 inches Type of screen: put 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

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

For Office Use Only:
* K174
d must be provided for all wells
mpted by regulations
ered From (depth) To (dept
Ground level 20
20 30
wel 30 99
99 100
der
Form: OLWR-SWR-1A (04/0
ce with all applicable ment of Health regulations,

-10-14 Charles M. High Signature of Licensee Form: OLWR Form: OLWR-SWR-1A (4/13)

if applicable, and state laws.

Permit #: Cw. 46147 Driller: Charles M. N. Class Date drilling completed: 5:29-12

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 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For	Office Use Only:
Nell #:	K174
Aquifer:	

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

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°12,218N Longitude: 91°03.817 W Owner Name: Greenlee Farms Mailing Address: <u>Greenlee Farms</u> Method of Lat/Long (check one):

Conventional Survey. Crittenden ☐ USGS quad, Hand-held GPS, Survey-grade GPS SW 1 NE 14, Sec 25 TIGN R &W Pump Type (check one) ☑ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): Date Pump Installed 5-25-12 Rated Pump Capacity: ______ Gallons Per Minute Is This Pump (check one): New Repaired Replacement Power Type (check one) ☐ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: ______ Setting Depth: ______ feet Number of Stages: ______ | Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): Pump 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 Serial Number: Meter Manufacturer: Meter Model Number/Name: Type of Meter: _____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by: Is This Meter (check one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

Form provided by Forms On-A-Disk · 214-340-9429 · FormsOnADisk.com

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.