			ell Report	For Office Use Only:	
County: Washing	shington Part 1 – Dr			Aquifer:	
Permit #: GW-45	646		of Environmental Quality ad Water Resources	Well #: <u>R76</u>	
Driller: Irrigatio			Box 2309	L.S. Elevation:	
Date drilling completed			MS 39225	E-log #:	
			961-5210		
		(601) 961	-5228 (fax)		
				e for the work and filed with the	
<i>D</i>			of completion of drilling of th		
Information on Well Owner (Landowner if borehole is not for a water well)		well or l	Borehole Location		
•	-	•	Latitude: 22 ° 02 ' 22	E " Longitudo: 01 ° 05 ' 2.	
Owner Name	Helena Propertie	<u>s</u>	Latitude: $33 03 3$	<u>5</u> " Longitude: <u>91</u> ° <u>05</u> ' <u>34</u>	
Mailing Address:	P.O. Box 247		Method of Lat/Long (check one)		
	****	·		nd-held GPS, 🗌 Survey-grade GPS	
	Rolling Fork	Ms39159StateZip code	$\frac{\mathbf{NW}}{\mathbf{W}} \frac{\mathbf{X}}{\mathbf{W}} = \frac{\mathbf{X}}{\mathbf{W}} \mathbf{X} \mathbf{S} \mathbf{E}$	23 J Twn 14N Rng 9W	
	5		Distance Direction	n Nearest Town	
Telephone No.	(4 Miles Northwe	est of Glen Allen	
		Well / B	orehole Data		
Location of the so		ater used for drilling: Surface	Water	B Hole diameter: 24"	
Location of the so Method of dosing Logs run (check al Name of organizat	urce of any surface wa and volume of Chlori Il applicable): 🛛 No ion running log(s):	ater used for drilling: <u>Surface</u> ne used in drilling and developm log run Electric Gamma	e Water hent: 50 PPM a Ray Density Sonic	Neutron Other:	
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MAY 0 1 2012

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BY: OLWR

R7b

' The sky the below only required for water wells

If well telescopes, show depths on sketch.

Ground level

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

Description of Formations Encountered	From (depth)	
Clay	Ground level	18
Fine Sand	19	48
Fine Sand & Gravel	49	74
Clay	75	88
Medium Sand & Gravel	89	104
Fine Sand & Gravel	105	108
Blanked 5' on bottom		
······································		
		L

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

aid i			n; 2) any permanent structures on r items that may aid in locating th	
Landowner Name:	Helena Properties			
I contify that the well/h				Form: OLWR-SWR-1A (04/08)
Mississippi Departmen	t of Environmental Quality an	ed, and completed in acco nd the Mississippi Depart	rdance with all applicable requiren nent of Health regulations, if applic	nents of the cable, and state
laws.			PK	
Patrick Chism	0695	04/25/2012	lite	
Print Name of Responsible Li	censee and License No.	Date	Signature of Licensee	RECEIVED

MAY 0 1 2012

BY: OLWR

STATE WELL REPORT

County:	Washingt	on
Permit #:	GW-4564	46
Driller:	Irrigation	Equipment
Date drill	ing completed:	03/16/2012
<u>Copy in</u>	ormation from	n block on Part 1

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 #:	R76	
Elevation:		

BY: OLWR

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	Well Location		
Owner Name: Helena Properties	Latitude: 33 03' 33 N Longitude: 91 05' 34 W		
Mailing Address: P.O. Box247	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, 🛛 Hand-held GPS, 🗌 Survey-grade GPS		
Rolling Fork Ms 39159	NW 1/4 SE 1/4 Sec 23 T 14N R 9W		
City State Zip code	Distance Direction Nearest Town		
Telephone No	4 Miles Northwest of Glen Allen		
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: 40		
Date Pump Installed: 03/17/2012	Setting Depth: 70 feet		
Rated Pump Capacity Gallons Per Minut	Number of Stages: 1		
Pump Test Data	Method of Measuring Water Level Check one		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): Feet Below Land Surfac			
Pumping Water Level (B): Feet Below Land Surfac	e		
Drawdown [(B) - (A)]: Feet Below Land Surfac	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): hour	s feet after hours of pumping		
This is for (check one): New Well Repla	ement of Existing Pump Repair of Existing Pump		
1 HEREBY CERTIFY that the above statements are true to the best of Patrick Chism 0695 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		
	MAY 0 1 7/11/2 M#olm: OLWR4SWR-1C (07-09)		