		WELL DEDONE		
Va 7.00	STATE	WELL REPORT	For Office Use Only:	
County: Yazco		Part 1	Well #: 1291	
Permit #:	Driller's Log  Mississippi Department of Environmental Quality			
Driller: John W Thompson	Office of La	and Water Resources	Aquifer:	
Date drilling completed:		P.O. Box 2309 on, MS 39225-2309	E-Log #:	
		(601)961-5210 1)360-0535 (fax)		
on the state of	,		hawad Gladwith the	
State Law requires that this report Department at the above address w				
Well Owner Informati	ion	Well or Bore	hole Location	
(Landowner if borehole is not for	a water well)	Latitude: 32° 43' 38" Longitude: 90° 35' 27"		
Owner Name: Stuce Penton				
Mailing Address:		Method of Lat/Long (check one): Conventional Survey,		
Satartia M	5	USGS quad, Hand-held GPS, Survey-grade GPS		
		NE 14 SE 14, Sec_	10 1 10 N R 4W	
City State	Zip Code	Miles NW of	Satartia	
Telephone No. ()		(Distance) (Direction)	(Nearest Town)	
	Well / B	orehole Data		
Date drilling started: 12-18-13 Date			3_ Hole diameter:	
Location of the source of any surface w	ater used for drillir	g: Local Creek	<del></del>	
Method of dosing and volume of Chlorin	ne used in drilling a	nd development: <u>Add 5 ga</u>	llars of bleach.	
Logs run (circle all applicable): (No log ru	Electric Gamm	na Ray Density Sonic Neutro	n Other:	
Name of organization running log(s): _				
Purpose of borehole (circle one): Water	Well Geotechnic	cal/Geological Investigation (	Ground Source Heat Pump	
Seismi	ic Survey Other (	describe)		
If drilling is not rela	ited to water well co	onstruction, skip the remainder	of this block	
Purpose of Well (circle all applicable):	11 in 1	Public Supply Irrigation F	ish Culture	
Other (describe):	(hunting)		<del></del>	
If a flowing well, method of flow regula	ation: Valve	Other (describe)		
Static Water Level: 24feet	[above or below (circle one)	land surface Date measured	:_12-18-13	
Method of measurement (circle one): So	teel tape Electric t	ape Air line Other (describe):		
Well depth: 100 Well grouted to a	depth of: <u>20</u> fe	eet Type of grout (circle one):	Neat Cement Bentonite Mix	
Casing length: $80$ feet Ca	sing diameter:	inches Type of ca	asing: NUC CLL 1	
Screen length: 20 feet Screen diameter:inches Type of screen: \( 1\frac{1\finct{1\fii\fint{1\finct{				
Screen slot size: $008$ inches	Setting depth:	From <u>80</u> feet to		
Type of completion (circle all applicable	e): Gravel packed	Underreamed Open hole	Natural Development	

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

Other (describe):

Top of lap pipe or reduction in casing: \_\_\_\_\_feet

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

County: \( \square \lambda \). \( \frac{7.00}{20} \)  Permit #:	W	For Office Use	Only:
The sketch below only required for water wells	Description of formations encounant boreholes, unless specifically	ntered must be provide	d for all wells
If well telescopes, show depths on sketch.	Description of Formations Encounter	red From (depth)	To (depth)
Ground Level	Clay	Ground level	20
	2		in my
	Sand	20	100
	Clay	100	103
	-		
			··
·			
f more than one screen, show location of each on sketch			
setch the property layout and include the following:  1) the well location  2) any permanent structures on the property that may aid in any roads, power lines, or other items that may aid in 4) north arrow	d in locating the well locating the property and the well		
ndowner Name: Bruce Perton			
EREBY CERTIFY that the well/borehole was drilled, of quirements of the Mississippi Department of Environmapplicable, and state laws.	constructed, and completed in accordinental Quality and the Mississippi De	rdance with all applicate partment of Health re	able egulations,
John W Thompson 0-679	1-16-14 John W	Hompson	

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

## STATE WELL REPORT

## County: Permit #: Driller: Date completed:

## 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

For Office Use Only:			
Well #: PG1			
Aquifer:			

,	601)961-5210					
(601	) 360-0535 (fax)					
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: Bruce Porton	Latitude: 32° 43' 38" Longitude: 90° 35 22"					
Mailing Address: /////////	Method of Lat/Long (check one): Conventional Survey,					
satartia Ms	USGS quad, Hand-held GPS, Survey-grade GPS					
City State Zip Code						
Telephone No. ()	(Distance)  (Direction)  (Nearest Town)					
	e (circle one)					
	Jet Piston Rotary Other (describe):					
Date Pump Installed: 11-18-13 R	ated Pump Capacity:					
Is This Pump (circle one): (New Repaired Replacemen	The state of the s					
*	e (circle one)					
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	<i>!</i> A					
Horse Power Rating of Motor: 1.5 Setting Depti	n: <u>60</u> feet Number of Stages:					
Pump Test Data f	or Non Flowing Well					
Date Well Tested: 16-18-13	Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): 24 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface						
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:SO Gallons Per Minute						
Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe):						
·	a for Flowing Well					
Measured shut in head:feet.						
Well yieldedGPM with a drawdown of	feet afterhours of pumping					
Meter In	nstallation					
Meter Manufacturer:	Meter Serial Number:					
Meter Model Number/Name:	Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF $ imes$ .001, gal $ imes$	( 1000, etc):					
Installation Date: Meter installed by: _						
Is This Meter (circle 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.						
HEREBY CERTIFY that the above statements are true to the best of my knowledge.						
T/ 1/1 0 1/79 11/11 0/1/1/						

ı	I HEREBY CERTIFY that the above sta	atements are true to the	e best of my kno	wledge. /	
	John W Thompso	179	1-16-14	John W Hompson	
ı	JOHN W / hom/SO	~ 0-6/1	1 1677	sohn Wolfomston	
ı	Print Name of Pump Installer and Lie	cense No. (if applicable)	Date /	Signature of Jump Installer	-

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