STATE WELL REPORT Part 1 For Office Use Only: Driller's Log Well #: __A_70 Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: Aquifer: ___ P.O. Box 2309 Jackson, MS 39225-2309 E-Log #: _ Date drilling completed: (601)961-5555 (601)961-5228 (fax) 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 5 Longitude: 90° 57′ 33.3 ″ (Landowner if borehole is not for a water well) Method of Lat/Long (check one): Conventional Survey_ Mailing Address: Cobb USGS quad_____, Hand-held GPS____, Survey-grade GPS_ NE 11 NE 14, Sec 27 TAN ROLE Zip Code (Direction) (Distance) Telephone No. (Well / Borehole Data Date drilling started: 8-21-18. Date drilling completed: 8-21-18. Hole depth: 129 Hole diameter: 8° 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): Logs run Electric Camma 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 EIVED Seismic Survey Other (describe) _ DEC 2 1 2018 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 BY OLW R Other (describe):__ If a flowing well, method of flow regulation: Valve ______ Other (describe) ___ Static Water Level: 75 feet above or below] land surface Date measured: 8-2118 (check one) Method of measurement (check one) Listeel tape Electric tape Air line Other (describe): Well depth: 129 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix Casing diameter: 4" inches Type of casing: Puc Casing length: ______feet

Screen diameter: 4"

Type of completion (check all applicable) Travel packed Underreamed Open hole Natural Development

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

inches

Top of lap pipe or reduction in casing: _____feet

inches Setting depth: From 119' feet to 124'

Screen length: 10 feet

Screen slot size: ______________

Other (describe):_____

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

Permit #: The sketch below only required for water wells f well telescopes, show depths on sketch.	Description of formations encoun	u#: <u>A70</u>	
	Description of formations encoun		
fwell telescopes, show depths on sketch.	Description of formations encountered must be provided for all we and boreholes, unless specifically exempted by regulations		
round Level	Description of Formations Encounter	ed From (depth) Ground level	To (depth
	clux	0	20
	Sand.	20	40
	gravet-	40	80
	Clay	80	100
	SanA.	d. 115	115
	cu wye Sun	1/3	107
If more than one screen, show location of each on sketch			
ketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	y aid in locating the well d in locating the property and the well		
andowner Name: Randull white,			
HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Environment of E	ed, constructed, and completed in accommental Quality and the Mississippi	cordance with all app Department of Healt	olicable h regulatio

Google Maps 31°18'05.0"N 90°57'33.3"W



Imagery ©2018 Google, Map data ©2018 Google



31°18'05.0"N 90°57'33.3"W 31.301401, -90.959239

Mississippi 39638

822R+H8 Eunice, Mississippi

RECEIVED DEC 21 2018 BY OLWR

Randall white C066 Rd. 8-21-y.

> 1/2 HP. https://www.google.com/maps/place/31%C2%B018'05.0%22N+90%C2%B057'33.3%22... 12/13/2018

STATE WELL REPORT

County: Permit #:

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

For Office Use Only:		
Well #:	A70	
Aquifer:		

Date completed: Jackso	n, MS 39225-2309				
Copy information from block on Part 1 (601	501)961-5210				
) 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 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1					
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Tail of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Location					
	Latitude: 310 18 5 Longitude: 80 57 33,3				
Owner Name: Randull White-	Latitude: 51 18 5 Longitude: 10				
Owner Name:	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: Cobb Rd	Hand-held GPS, Survey-grade GPS				
	NE 14 NE 14, Sec 27 T 4N R 25				
City State Zip Code	NC 14 NE 4, Set ST				
City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)				
Telephone No. ()	(Distance) (Direction)				
- I	- Chuber (describe)				
Submersible Purbine Air Lift Centrifugal Flowing Wel	Capacity: (2 Gallons Per Minute)				
Summer September S-21-18,	Rated Pump Capacity:				
Date Pump Instance.	Submersible Air Lift Centrifugal Flowing Well Lift Piston Rotary Other (describe). Date Pump Installed: S-21-18, Rated Pump Capacity:				
Is This Pump (check one): New Repaired Replacement Power Type (check one)					
man (describe):					
Electric Diesel Gasoline Natural Gas 1 Tractor F102	epth: 110 feet Number of Stages: 7				
Horse Power Rating of Motor: Setting D	epth:ecc ······				
Test Data for Non Flowing Well					
Duration of Pump Test (minimum 4 hours):					
Date Well Tested: Feet Below Land Surface L					
Static Water Level (A): reconstruction for Minute					
Feet Relow Land Surface Test Pumping Nate:					
Drawdown [(B) - (A)]: Control of the control of measurement (check one): Steel tape Electric tape Dair line Other (describe):					
Method of measurement (check one): Steet tape Literal is days Pump Test Data for Flowing Well					
1					
Measured shut in head:feet.	hours of pumping				
Well yieldedGPM with a drawdown of	feet arternours or pumpus				
Me	ter Installation RECEIVED				
	Meter Serial Number:				
Meter Manufacturer:					
Meter Model Number/Name:	Type of Meter.				
Tatalizer Pegister Unit and Multiplier Factor (AF x .001	, gal x 1000, etc):				
Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by:					
Installation vale.					
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, d list of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
0-21-16 RA State					
Print Name of Pump Installer and License No. (if applic	rable) Date Signature of Pump Installer				
Print Name of Pump installer and License No. (1) appric	Form: OI WR-SWR-2A (4/13)				

Form: OLWR-SWR-2A (4/13)