	STATE WELL REPORT	437
County: Amit	Part 1	For Office Use Only:
Permit #:	Driller's Log	Well #: _ COSDIC 7
Driller: James M. Wells	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Date drilling completed: 11-7-18	P.O. Box 2309	
	Jackson, MS 39225-2309 (601)961-5210	E-Log #:
	(601)360-0535 (fax)	
State Law requires that this report l Department at the above address wi	be prepared by the license holder responsible for the third of days of completion of drilling of the well o	e work and filed with the
Well Owner Information	on	r borehole.
(Landowner if borehole is not for a Owner Name: Hogi NGUVE	Latitude: 31°17.11N Long	nole Location
Mailing Address:	Method of Lat/Long (check one):	MC (10,
5896 Rollinson	Rd. USGS quad, Hand-held GP	S, Survey-grade GPS
Liberty MS State	39645 SE 4 NE 4, Sec 2	8 TYN R SE
Telephone No. ()	Miles of	
	(Distance) (Direction)	(Nearest Town)
Method of dosing and volume of Chlorine Logs run (circle all applicable) No log run Name of organization running log(s): Purpose of borehole (circle one): Water We Seismic S If drilling is not related Purpose of Well (circle all applicable): Hom	Geotechnical/Geological Investigation Gro urvey Other ( <i>describe</i> )	Other:
If a flowing well, method of flow regulation		
Static Water Level: 100 feet [abo	ove or felow land surface Date measured;	11-7-18
method of measurement (circle one) Steel	tape Electric tape Airling Other (du il	
Well depth: 000 Well grouted to a dept	th of: 10 feet Type of grout (size a struct	
leet casing	diameter:inches Type of casing	
	n diameter:inches Type of scree	
Scropp data $0.08$	Setting depth: From	750
Type of completion (circle all applicable)		feet
	Tavel packed Underreamed Open hole N	atural Development
Top of lap pipe or reduction in casing:		
	m more than one screen, describe on next page	

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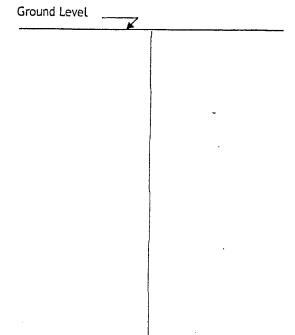
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County: _	Am:te	•
Permit #:		

Fe	or Office Use Only:
Well #:	DI67

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)
topsoil	Ground level	1
clavi	1	190
Sand	190	250

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 structures on the property that may aid in locating the well RECEIVED FERDSON BY OLINR | 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow We Landowner Name: HOA U I HEREBY 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 laws. Dames IM, Wells 00005889 Print Name of Responsible Licensee and License No. same Date Signature of Licensee

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

	WELL REPORT	
County: Amite Burns Instal	Part 2	For Office Use Only
Litertaria 10	Iler's Completion Report rtment of Environmental Quality	Well #: 005 D107
Driller: <u>OUNTES IT. WOI</u> Office of I	Land and Water Resources P.O. Box 2309	
Date completed: 11-7-18 Jack	kson, MS 39225-2309	Aquifer:
<u>Copy information from block on Part 1</u>	(601)961-5210 01) 360-0535 (fax)	
This part of the report must be completed by a licensed way	ter well contractor or a licensed num	no installer A conv of Part I
of the report must be attached and both purts filed with the	Department at the above address w	ithin 30 days of well completion
Well Owner Information	Well Lo	
Owner Name: HOGI NGUYEN	Latitude 31° 17. 11N Lon	an 477 3/81
Mailing Address:	Method of Lat/Long (check one)	•
5846 Rollinson Rd.	USGS quad, Hand-held GP	
City State Zip Code	<u> </u>	<u>3 T 4N R 5E</u>
Telephone No. ()	Miles of (Direction)	(Nearest Town)
		(Nearest rown)
	уре (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well		cribe):
	Rated Pump Capacity:	Gallons Per Mini
Is This Pump (circle one): (New) Repaired Replacem	ent ype (circle one)	
	indmill Other (describe):	
	oth: 150feet Number of	
		or stages:
Date Well Tested: 1/->-18	a for Non Flowing Well	(1
	Duration of Pump Test (minimu	J.
116		<b>7</b> A
Drawdown [(B) - (A)]:Feet Below Land Sur		Gallons Per Minut
Method of measurement (circle one), Steel tape Electric t	ape Air line Other (describe):	
Measured shut in head:feet.	ata for Flowing Well	K. 43 103
Well yieldedGPM with a drawdown of	faat aftar	
Meter Manufacturer:	Installation	\$e#
Meter Model Number/Name:		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal	(x 1000, etc):	
Installation Date: Meter installed by: Is This Meter (circle one): New Repaired Replaceme		·····
Important: By submitting the above information you are con- For agricultural wells, a list of app	ertifying that this meter was installed proved meters is on the MDEQ web	d to manufact <mark>urer</mark> standards. site.
I HEREBY CERTIFY that the above statements are true to the		
T MILL ANTERO		
Print Name of Pump Installer and License No. ( <i>if opplicable</i> )	Date Signatur	e of Pump Installer

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