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)961-5555

(601)961-5228 (fax)

For Of	fice Use Only:
Well #:	180
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)	Well or Borehole Location	
	Latitude: 30° 15 23.6 Longitude: 40° 50 49.3 =	
Owner Name: Thomas Juckson Mailing Address: Huy 567	Method of Lat/Long (check one): Conventional Survey,	
Mailing Address:	USGS quad, Hand-held GPS, Survey-grade GPS	
	NE 14 NW 14, Sec 6 T 3N R 4E	
City State Zip Code		
The state of the s	Miles of (Distance) (Direction) (Nearest Town)	
Telephone No. ()	(biscaries) (biscaries)	
Well / Date drilling started: $9-3-19$ Date drilling completed Location of the source of any surface water used for drill	Borehole Data d: 9-3-19 Hole depth: 148 Hole diameter: 511	
Method of dosing and volume of Chlorine used in drilling	and development:	
	mma Ray Density Sonic Neutron Other:	
Name of organization running log(s):		
	Ground Source Heat Pump	
	nnical/Geological Investigation Ground Source Heat Pump	
	er (describe)	
	l construction, skip the remainder of this block	
Purpose of Well (check all applicable): Home Industr	rial Public Supply Irrigation Fish Culture	
Other (describe):	=CEV	
If a flowing well, method of flow regulation: Valve	Other (describe)RECEIV	
Static Water Level: 80 feet above or be (check one)	pelow] land surface Date measured: 9-3-19. FEB 10.2	
Method of measurement (check one) Steel tape Electi	ric tape Air line Other (describe):	
Well depth: 46 Well grouted to a depth of: 10	_ feet Type of grout (check one) Neat Cement Bentonite Mix	
Casing length: 138 feet Casing diameter:	4 inches Type of casing: Puc	
Screen length: 10 feet Screen diameter:	Y"inches Type of screen: Puc	
Screen slot size:	oth: From138feet tofeet	
	d Underreamed Open hole Natural Development	
	u	
Other (describe):		
Top of lap pipe or reduction in casing:fee		
If telescoped or more that	an one screen, describe on next page	

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

The sketch below only required for water wells

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

Description of Formations En	
Description of Polinations En	
clay	

Description of Formations Encountered	From (depth)	To (depth)
703011911011 01 1 01 1 1 1 1 1 1 1 1 1 1 1	Ground Level	
Clayi	0	20
erux.	20	140
Sand,	40	60
gruet-	60	140
Cluy	90	110
Sahd.	110	130
Cause Sand	130	148
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		+
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and a final state of	-	
The chart of		_
	and the second second	
g ordanos V Band		

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

Sketch the p	roperty layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.
	4) a north arrow.
	of arministral reprine leads.
	And the examination of a more well countries of the conducted file that
	erusion net a monarchite de que estado de crucio de l'estado de contrata de l'estado de contrata de contrata de
	and used limited as they available view production. Use a Committee of the
Landowne	er Name: Thomas Jackson
	Form: Of WR_SWR_1A (04/

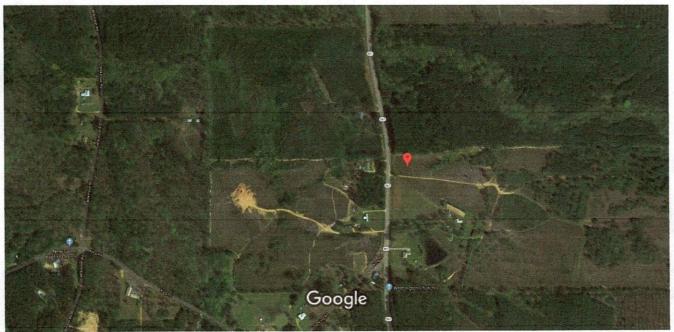
BAd Etzgeald

029

9-3-19

RulStyl

Google Maps 31°15'23.6"N 90°50'49.3"W



Imagery ©2020 Maxar Technologies, USDA Farm Service Agency, Map data ©2020

Thomas Tackson 9-3-19. Huy 567 Liberry

148' 100' 3/4.

RECEIVED FEB 10 2020 BY OLWR

STATE WELL REPORT

County: Amite

Driller: Fitzgera

Copy information from block on Part 1

Date completed:

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

P.O. Box 2309

Jackson, MS 39225-2309

(601)961-5210

(601) 360-0535 (fax)

For (Office Use Only:
Well #:	H 80
Aquifer:	

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 extended and both parts filed with the Department at the above address within 30 days of well completion.

of the report must be attached and both parts filed with the	Department at the above materies within 30 mays by members within 30 m	
Well Owner Information	Latitude: 37 15 23.6 Longitude: 90 50 49.3 =	
Owner Name: Thomas Jackson	Latitude: 31 15 23.6 Longitude: 10 30 1103	
Mailing Address: Hwy 567	Method of Lat/Long (check one): Conventional Survey	
Mailing Address.	USGS quad, Hand-held GPS, Survey-grade GPS	
(1.6)	NE 4 NW 4, Sec 6 T 3N R 4E	
City State Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City	Miles of (Distance) (Direction) (Nearest Town)	
Telephone No. ()		
Pump 1	Type (check one)	
Submersible Turbine Air Lift Centrifugal Flowing We		
Data Rump Installed: 9-3-19.	Rated Pump Capacity:Gallons Per Minute	
Is This Pump (check one): New Repaired Replacer		
Is This Pump (check one): Power Repaired Inches	Type (check one)	
The United Sec Tractor PTOD	Windmill Other (describe):	
Horse Power Rating of Motor: 3/4 Setting D	100' feet Number of Stages: 12	
Pump Test Da	ata for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours	
Feet Relaw Land Surf	ace Pumping Water Level (B): Feet Below Land Surface	
Static Water Level (A): reet below Land Surf	Surface Test Pumping Rate: Gallons Per Minute	
Drawdown [(B) - (A)]:Feet Below Land	201 (2012년 1일 1일 1일 1일) : : : :	
Method of measurement (check one): Steel tape ☐Electr	ic tapeAir lineOther (describe):	
Pump Test	Data for Flowing Well	
Measured shut in head:feet.	RECEIVEL	
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
	ter Installation	
	Meter Serial Number: BY OLW	
Meter Model Number/Name:	Type of Meter:	
Totalizer Register Unit and Multiplier Factor (AF x .001,	gal x 1000, etc):	
Installation Date: Meter installed b		
Is This Meter (check one): New Repaired Replace		
Important: By submitting the above information you ar For agricultural wells, a list of	re certifying that this meter was installed to manufacturer standards. f approved meters is on the MDEQ website.	
I HEREBY CERTIFY that the above statements are true to	o die best of my knowledge.	
BIAL Fitzgrald 029.	9-3-19 Kul Stold	
Print Name of Pump Installer and License No. (if applica	ible) Date Signature of Pump Installer	

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