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#### STATE WELL REPORT Part 1

## County: #m Permit #: Driller: FitzLand Date drilling completed: 12-5-18.

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)

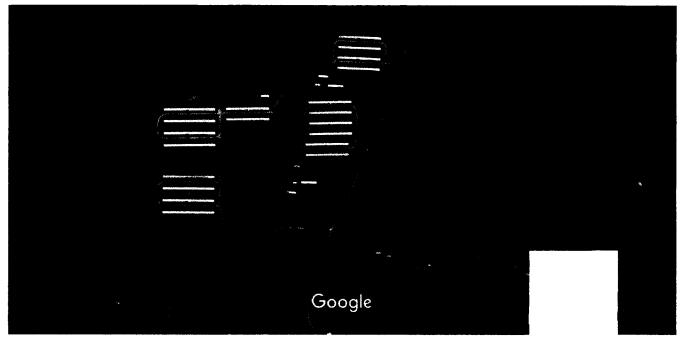
For Office Use Only:			
Well #:K136			
Aquifer:			
E-Log #:			

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	Well or Borenole Location			
(Landowner if borehole is not for a water well)	Latitude: 31014'30.3' Longitude: 90°34'98"			
Owner Name: Chris Pickerson.  Mailing Address: upper Glading Rd	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 990	USGS quad, Hand-held GPS, Survey-grade GPS			
hhete ms	SW 14 NE 14, Sec 11 T 3N REJE			
City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Well / B	Borehole Data			
Date drilling started: $125-(8)$ Date drilling completed	125-18. Hole depth: 95 Hole diameter: 8"			
Location of the source of any surface water used for drilli	ng:			
_	and development:			
Logs run (check all applicable): Log run Electric Sam	ma Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (check one): Water WellGeotechn	ical/Geological Investigation Ground Source Heat Pump			
<del></del>	(describe)			
If drilling is not related to water well o	construction, skip the remainder of this block			
Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture RECEIVED				
Other (describe):	<u>DEC 2 1</u> 2018			
	Other (describe) BY OLWR			
Static Water Level: 40 feet above or bel (check one)	low] land surface Date measured: 125-187			
Method of measurement (check one) Usteel tape Electric tape Air line Other (describe):				
Well depth: 75 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix				
Casing length: 85 feet Casing diameter: 4" inches Type of casing: Puc				
Screen length: 10 feet Screen diameter: 4" inches Type of screen: Pc				
Screen slot size:				
Type of completion (check all applicable) ravel packedUnderreamedOpen holeNatural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet				
If telescoped or more than one screen, describe on next page Form: OLWR-SWR-1A (4/13)				

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) north arrow  Landowner Name:	County:	Γ	For	Office Use	Only:
The sketch below only required for water wells  If well telescopes, show depths on sketch.  Ground Level    Description of Formations Encountered   From (depth)   To (depth)	Permit #	v	Vell #:	K136	
If well telescopes, show depths on sketch.  Ground Level    Description of Formations Encountered   From (depth)   To (depth)	Termit w.				
From (depth)    Count Level	The sketch below only required for water wells	<u>Description of formations encou</u> and boreholes, unless specifical	intered n ly exemp	nust be provided ted by regulation	i for all wells ons
Ground Level		Description of Formations Encount	ered	From ( <i>depth</i> )	To (depth)
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 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow  Landowner Name: Chits Dicketson  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.	Ground Level			Ground level	
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Right strund cag 12-5-18. Bet the M	requirements of the Mississippi Department of Environ	mental Quality and the Mississippi	ccordanc i Departr	e with all appli nent of Health	icable regulations,
A 18 197 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RIAJ TIPLES IN MARCH	12-5-18 Bul II	1.10		
Print Name of Responsible Licensee and License No. Date Signature of Licensee			Signatur	e of Licensee	

### Gogle Maps 31°14'30.3"N 90°34'09.8"W



Imagery ©2018 Google, Map data ©2018 Google

Chris Dickerson, upper Gladding Rd. 12-5-18 95-1/2 HP.

RECEIVED DEC 2 1 2018 **BY OLWR** 

#### STATE WELL REPORT

## Pum Wississ

Ante

Copy information from block on Part 1

County:

Permit #:

Date completed: 12

# Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

sissippi Department of Environmental Qualti Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:		
Well#: K136		
Aquifer:		

(601) 360-0535 (Tax)				
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: Chris Dickerson	Latitude: 31014 30.3 Longitude: 400 34 9.81			
Mailing Address: upper Gludding Rd. Method of Lat/Long (check one): Conventional Survey,				
USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	i i			
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)			
• •	rpe (check <i>one</i> )			
	□Jet□Piston□Rotary□Other (describe):			
Date Pump Installed: 12-5-14.				
Is This Pump (check one): New Repaired Replaceme	ent (check one)			
Electric Profesel Gasoline Natural Gas Tractor PTO Wi	ype (check one)			
Horse Power Rating of Motor: Setting Dep				
Horse Power Rating of Motor: Setting Dep	itel number of stages.			
Pump Test Data	for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours			
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Su	rface Test Pumping Rate: Gallons Per Minute			
Method of measurement (check one): Steel tape Electric tape Air line Other (describe):				
Pump Test Di	ata for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of				
Meter	r Installation RECEIVED			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter: UEC 2 1 2010			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by:				
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, a list of approved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Boad Eterrald. 029 12-5-18. Religion Installer				
Print Name of Pump Installer and License No. (if applicable	le) Date Signature of Pump Installer			

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