Amite
County: Ptke ^
Permit #:
Driller: Grenn Waterwell
Date drilling completed: 11-1-17

Owner Name: <a>_

Mailing Address:

Well Owner Information (Landowner if borehole is not for a water well)

38 Smith have Od

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)961-5210 (601)360-0535 (fax) 372

For Office Use Only:

Well #: M120

Aguifer: _

Well or Borehole Location

__, Hand-held GPS_X__, Survey-grade GPS_

Latitude: 31.137 Longitude: 40°

31-06-50.8 今の 日本/Long (check one): Conventional Survey

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.

Tylertown Ms 39607 City State Zip Code 7 Miles St. 2 of Tylertown				
Telephone No. (504) 915-8457				
Well / Borehole Data				
Date drilling started: 11-1-17 Date drilling completed: 11-1-17 Hole depth: 160 Hole diameter:				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and development: Modpit + Grave Pack				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one) Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 89 feet [above or below] land surface Date measured: 11-1-17				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 158 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 148 feet Casing diameter: 4 inches Type of casing: Poc				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PUC				
Screen slot size:inches				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural 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)				
FOIII. ULWK-3WK-1A (4/ 13)				

Amite	Company of the compan				
County: Pive		For Office Use Only:		Only:	
Permit #:					
he sketch below only required for water wells Description of formations encountered must be provided for all well and boreholes, unless specifically exempted by regulations					
If well telescopes, show depths on sketch.					
Ground Level	Description of Formations Encour	ntered	From (depth) Ground level	To (depth)	
	Red Clay		D	13	
	SAND + PEA CAN	avel	13	47	
	White Clay		47	65	
	SANd		65	158	
	white Clay		158	160	
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					
i, north anon	N		1		
	Lhibe	2544	7		
Huy					
3 A8					
Jarusalem Rd D					
Landowner Name: CECIL KAIGIER					
I HEREBY CERTIFY that the well/borehole was drilled, or requirements of the Mississippi Department of Environing applicable, and state laws.	constructed, and completed in acmental Quality and the Mississipp	ccordance i Departr	e with all applic nent of Health I	able egulations,	
Michael W. Kees 1737 Print Name of Responsible Licensee and License No.	11-1-17 Mah	In the	ر لم		
rate realise of responsible Licensee and License No.	Date	oignature	of Licensee Form: OLWR-	SWR-1B (4/13	

Amite County: Permit #: Driller: Ocean Water We 11-1 Date completed: _ Copy information from block on Part 1

STATE WELL REPORT

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

(601) 360-0535 (fax)

For Office Use Only:			
Well #:			
Aquifer:			

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Cecil Karglac	Latitude: 31 6472 Longitude: 90 2473				
maiting Address:	31-06-50-8 90-54-38 Method of Lat/Long (check one): Conventional Survey				
Jos Smithburg Rad Tulentown Mr 39667	USGS quad , Hand-held GPS , Survey-grade GPS WEN 4 5 W 4, Sec 25 3 T				
City D State Zip Code	7 Miles 5W of Tulartown				
Telephone No. (<u>504</u>) <u>915 - 8457</u>	(Distance) (Direction) \mathcal{J} (Nearest Town)				
Pump Type (circle one)					
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 11-1-17 Rated Pump Capacity: 10 Gallons Per Minute					
Is This Pump (circle one): (New) Repaired Replacemen	nt				
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):				
Horse Power Rating of Motor: Setting Dept	th: 12 e feet Number of Stages: 12				
Pump Test Data	for Non Flowing Well				
Date Well Tested: 11-1-17 Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): 39 Feet Below Land Surface	•				
Drawdown [(B) - (A)]:Feet Below Land Sur	face Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric to					
Pump Test Da	ta for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter	Installation				
Meter Manufacturer:	Meter Manufacturer: Meter Serial Number:				
Meter Model Number/Name:Type of Meter:					
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 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.					
Jacob Lea 8325	11-1-17 Jacol Ara				
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer				

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