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## STATE WELL REPORT

County: Permit #: Driller: +1+7400 Date drilling completed:

Well Owner Information

## 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)

Well #: 7 9 4	For O	ffice Use Only:
	Well #:	7 94
Aquiter:	Aquifer: _	
E-Log #:	E-Log #: _	

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)	Latitude: 31° 3′ 28.8″ Longitude: 90° 41′ 321″
Owner Name: Calvin Prevest	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: Hampton Rd	metriod of Laci Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Lhaly ms	SE 14 SW 14, Sec 10 T IN RSE
City State Zip Code	Miles of
Telephone No. ()	(Distance) (Direction) (Nearest Town)
Well / I	Borehole Data
	12-10- 20 Hole depth: 118' Hole diameter: 8"
Location of the source of any surface water used for drill	
Method of dosing and volume of Chlorine used in drilling	
	ma Ray Density Sonic Neutron Other:
and the contract of the contra	inia ray_persity_pontezareuton other
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotechr	nical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)RECEIV
If drilling is not related to water well o	construction, skip the remainder of this block
Purpose of Well (check all applicable): Home Industri	al Public Supply Irrigation Fish Culture
Other (describe):	BY OLW
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 70 feet above or bel (check one)	
Method of measurement (check one) Esteel tape Electric	c tape Air line other (describe):
	feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 108 feet Casing diameter:	
Screen length:feet	19" inches Type of screen: Pvc
Screen slot size:inches	: From 108' feet to 118' feet
Type of completion (check all applicable) vavel packed	Underreamed Open hole Natural Development
Other (describe):	The member of the electricity of Department of Survival American property of the survival and the survival a
Top of lap pipe or reduction in casing:feet	
	one screen, describe on next page

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

County:			Office Use	
The sketch below only required for water wells	Description of formations enc and boreholes, unless specific			
If well telescopes, show depths on sketch.		- Y-	N. 41	and postible
Ground Level	Description of Formations Encou	ntered	From (depth) Ground level	To (depth)
	cle.			20
	Clay		20	40
The state of the law and the state of	Side	Clari	40	60
	San	27	60	80
AND THE SHARE SHOWING THE STATE OF		lus	80	90
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Professional (National)	3.4032.5			29190 1 kg
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the same of the sa	and the second s	The court	E VINS IN ENLID	. <b>9</b> 11 - 11069
	The second second second	S. N. 175		ALCOHOL STATE
If more than one screen, show location of each on sketch	L			s almost state of
iketch 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	aid in locating the well in locating the property and the well			Total of each
				enter Sill of
			3	
(1 0 1				
andowner Name: Calvin Previst,	Remoderate Comment	1.0f(0)f(c)		magnetic re
HEREBY CERTIFY that the well/borehole was drilled equirements of the Mississippi Department of Enviro f applicable, and state laws.	, constructed, and completed in nmental Quality and the Mississip	accordance	e with all appli ment of Health	cable regulations,
Print Name of Responsible Licensee and License No.	12-10-20 half	Signatur	e of Licensee	ecig co to
This maine of Responsible Licensee and License No.	)	Jignatui		-SWR-1B (4/

## STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Well #: 794 Driller: Fr

County:

Permit #:

Copy information from block on Part 1 (60)	on, MS 39225-2309 (601)961-5210 1) 360-0535 (fax)	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 well Owner Information  Owner Name: Calul Rd.  Mailing Address: How Rd.  City State Zip Code  Telephone No. ()	Well Latitude: 310 3 285 L Method of Lat/Long (check of USGS quad, Hand-held	ump installer. A copy of Part I swithin 30 days of well completion.  Location ongitude: 90° 41° 32.1′′ ane): Conventional Survey,  GPS, Survey-grade GPS  of(Nearest Town)
Pump T	ype (check one)	
Submersible ☑Turbine ☐Air Lift ☐Centrifugal ☐Flowing Well  Date Pump Installed: 12-10-20	Rated Pump Capacity:	(describe):Gallons Per Minute
Is This Pump (check one): He Repaired Replacem	Type (check one)	
Electric Defesel Gasoline Natural Gas Tractor PTO W	Vindmill TOther (describe):	ber of Stages: 8
Pump Test Da	ta for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (mi	nimum 4 hours):hours
Static Water Level (A): Feet Below Land Surfa		): Feet Below Land Surface
Drawdown [(B) - (A)]:Feet Below Land S	Surface Test Pumping Rate:	Gallons Per Minute
Method of measurement (check one): Steel tape [Electri	c tape $\square$ Air line $\square$ Other ( $describ$	pe):
Pump Test	Data for Flowing Well	-CEIVY
Measured shut in head:feet.  Well yieldedGPM with a drawdown of	feet after	hours of pumping
Met	er Installation	DY OLY
Meter Manufacturer:	Meter Serial Number	:
Meter Model Number/Name:	Type of Meter:	<u>, , 5</u>
Totalizer Register Unit and Multiplier Factor (AF x .001,	gal x 1000, etc):	
Installation Date: Meter installed by	ov:	
Is This Meter (check one): New Repaired Replace	ement	
Important: By submitting the above information you as For agricultural wells, a list of	re certifying that this meter was i f approved meters is on the MDE	installed to manufacturer standards. O website.
I HEREBY CERTIFY that the above statements are true t	o the best of my knowledge.	
I HEREBY CERTIFY that the above statements are true		1141

Tot agricultural recito, a tito of opposition		
I HEREBY CERTIFY that the above statements are true to the	e best of my know	ledge.
		Rulshtel
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer
Print Name of Pump Installer and License No. (1) applicable)	Date	Form: OLWR-SWR-2A (4/13)

## Google Maps 31°03'28.8"N 90°41'32.1"W



Imagery ©2021 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2021

Calvin Prevesti
12-10-20
Hampton Rd
118'
70'
100'
1/2.

JUN 28 2021 BY OLWR