	294
For C	office Use Only:

	Amite
County:	P.ke
Permit #	
Driller:	Fitzgrald well sever
Date dri	Illing completed: 5-14-20:

Well Owner Information

(Landowner if borehole is not for a water well)

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 (Office Use Only:
Well #:	0146
Aquifer:	
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.

Owner Name: Tacob Andrews Mailing Address: Hwy 584 Ostka Ms. City State Zip Code	Latitude: 31° 1′ 40.7″ Longitude: 40°33′37.1″ Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ()	Miles of
	Sorehole Data 5-19-20 Hole depth: 70 Hole diameter: 8"
Method of dosing and volume of Chlorine used in drilling a	nd development:
	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	univolid e li endou se unel e
	(describe)
	onstruction, skip the remainder of this block
Purpose of Well (check all applicable): Home Industria Other (describe):	Public Supply Irrigation Fish Culture VED
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 20 feet above or belo	
Method of measurement (check one) steel tape Electric	tape Air line Other (describe):
	eet Type of grout (check one) Neat Cement Bentonite Mix
Casing length:feet	inches Type of casing: Prc
Screen length:feet	inches Type of screen: Puc
Screen slot size:inches Setting depth:	
Type of completion (check all applicable) Favel packed	The court of the c
Other (describe):	quiterrolles of the Alexander Department of Engironmental Una acristicales and state lavis.
Top of lap pipe or reduction in casing:feet If telescoped or more than o	ne screen, describe on next page

County:				Office Use	
he sketch below only requ	uired for water wells	Description of formation and boreholes, unless sp	ns encountered i	nust be provide	d for all wells
well telescopes, show dep		Description of Formations	- Inde	From (depth)	To (depth)
round Level	· · · · · · · · · · · · · · · · · · ·	2 SILC-(68) (90)		Ground level	20
s in Mari soft), and	. expendible for the work. When af the wall of bench	Sa	rd.	20	38
1000		cl cl	w. and	30	60
12128 82	subusigno. "Coli / 3		ise Sand	Go	70
ar if one Convey		5.	WS		2000
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			SE 1978Y 91 SMB	s (de la earline	with 10 days to
		en clarus ser pullabel	Contradiction (s suggestion	Say to Sorte
xetch the property layout and 1) the well location 2) any permanent structu 3) any roads, power lines 4) north arrow	ares on the property that may , or other items that may aid	aid in locating the well in locating the property and	the well		
		-			
	teónore.	CENTED ON ST			llew garvaft s
96 37	TE Tate to tak to the	BAOTINB 1411 50 3031		*0½	
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		muten 14 th Indi		(25)	:n gne. bats
	these followers and	of meletic		190	
Landowner Name: <u>Ja</u>	cob Agreus	ting meaning regard feet	Inches Ser	310-	een slot size.
I HEREBY CERTIFY that th requirements of the Missi if applicable, and state la	e well/borehole was drille ssippi Department of Envir ws.	ed, constructed, and compronmental Quality and the	Mississippi Depa	nce with all ap artment of Hea	plicable lth regulations
	1	5-19-20.	Rul HIP	ai murube.	s egia cal to s
Print Name of Responsible	e Licensee and License No		Signal	ture of License Form: OL	e WR-SWR-18

STATE WELL REPORT For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality County: P.K.P. Office of Land and Water Resources Aquifer: ___ Driller: Fitzgara | d Well Server P.O. Box 2309 Jackson, MS 39225-2309 Date completed: 5-19-20 (601)961-5210 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 Interpret of the report must be completed by a ucensed water well contractor or a ucensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Latitude: 31° 1' 40.7 Longitude: 90° 33' 37.1" Well Owner Information Method of Lat/Long (check one): Conventional Survey___ Owner Name: Jacob Andreus USGS quad_____, Hand-held GPS____, Survey-grade GPS__ Mailing Address: ____ (Nearest Town) Miles (Direction) Zip Code (Distance) Telephone No. (_ Pump Type (check one) Submersible Furbine Air Lift Centrifugal Flowing Well Det Piston Rotary other (describe): Date Pump Installed: 5-19-20. Rated Pump Capacity: 12 Gallons Per Minute Is This Pump (check one): Mew Repaired Replacement Power Type (check one) Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): ______ Horse Power Rating of Motor: 1/2 Setting Depth: 50 feet Number of Stages: 8 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): _____hours Date Well Tested: _____ Static Water Level (A): ______ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _______Feet Below Land Surface Test Pumping Rate: ______ Gallons Per Minute Method of measurement (check one): Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____feet. ____GPM with a drawdown of ______ feet after ______hours of pumping Well yielded Meter Installation 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 (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.

Print Name of Pump Installer and License No. (if applicable)

Date

Date

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



Google Maps 31°01'40.7"N 90°33'37.1"W



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

200 ft

P. Ke
Jacob Andrews:
Hwy 524.
5-19-20
70°
25°
50°
1/2 HA

JAN 29 2021 BY OLWR