	STATE	WELL REPORT				
County: Courngton		Part 1	For Office Use Only:			
Permit #:	I I	riller's Log	Well #: <u>E 6 1</u>			
Driller: Wost Water Woll	Office of La	ment of Environmental Quality and and Water Resources	Aquifer:			
Date drilling completed: 7-1-19	<u>.</u> 1	P.O. Box 2309 on, MS 39225-2309	E-Log #:			
	((601)961-5210				
(601)360-0535 (fax)						
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			hole Location			
(Landowner if borehole is not for a water well)			gitude: <u>\$9-44-38</u>			
Owner Name: Dan Ginn Mailing Address: 277 Mosshill Del		Method of Lat/Long (check one				
Mailing Address: AT 11053711 126		USGS quad Hand-beld G	os Summer de Cos			
C III		USGS quad, Hand-held GPS, Survey-grade GPS				
City State Tip Code NW 1/4 SE 1/4, Sec 18		1				
Telephone No. (601) 5.59-756	Telephone No. (/onl.) 5-5-25/o/6 Miles W of Collins					
		(Distance) (Direction)	(Nearest Town)			
Date delling to 100 114	Well / B	orehole Data				
Date drilling started: 7-1-14 Date di	rilling completed:	7-1-14 Hole depth: 166	L Hole diameter: 65			
Location of the source of any surface wat			•			
Method of dosing and volume of Chlorine	used in drilling a	nd development:				
Logs run (circle all applicable): (lo log run	Electric Gamm	na Ray Density Sonic Neutron	o Other:			
Name of organization running log(s):						
Purpose of borehole (circle one): Vater Wel 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): Poultry Farm						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 78 feet [above or below] land surface Date measured: 9-1-19						
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):						
Well depth: 162 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 142 feet Casing diameter: 4 inches Type of casing: PVC						
Screen length: 20 feet Screen diameter: 1 inches Type of screen: PVC						
Screen slot size: . O10 inches Setting depth: From 142 feet to 162 feet						
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						
If telescope	d or more than or	ne screen, describe on next page	?			

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

County: Count to Permit #: The sketch below only required for water wells Description	•	or Office Use	only:
The sketch below only required for water wells	Well #:		•
The sketch below only required for water walls Denoit		<u>E61</u>	
	on of formations encountere	d must be provid	ad for all
st went telescopes, show depths on sketch.	holes, unless specifically exe	npted by regulati	ions
	n of Formations Encountered	From (depth)	To (depth
	ang	Ground level	4
CLI	44	<u>4</u> <u>43</u>	43
MAS	IDA GRAVEL	97	162
	,		<u> </u>
		1	
			
f more than one screen, show location of each on sketch			
etch the property layout and include the following: 1) the well location			
2) any permanent structures and t	e well	•	
3) any roads, power lines, or other items that may aid in locating the 4) north arrow 4) north arrow	operty and the well	•	
		<i>i</i> 1/	_
	Chio	han House	•
			•
((well .		
		A	
		<i>l</i> N	
	L	• •	•
	house.		
Mosshill Rd			
Mosshill Rd			
_			
downer Name: Dan Ginn			
RERY CEPTIEV that the W.			
REBY CERTIFY that the well/borehole was drilled, constructed, an irrements of the Mississippi Department of Environmental Quality applicable, and state laws.	d completed in accordance	with all applicat	ole
and state laws.	the Mississippi Departme	ent of Health reg	ulations,
) Avid H. West 0-672 2-27-1	(1)		
Name of Responsible Licensee and License No. Date	Signature of	of Licenses	
		Form: OLWR-SW	R-1A (4/13)

STATE WELL REPORT Part 2

County: Carington Permit #: Driller: West Water Well Date completed: 7-1-19 Copy information from block on Part 1

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 #:E61	
Aquifer:	

(601	360-0535 (fax)				
This part of the report must be completed by a licensed water	and control				
partie out parts fred with the D	weil contractor or a licensell pump installer. A copy of Part I epartment at the above address within 30 days of well completion.				
Well Owner Information Owner Name: Dan Ginn	· Well Location				
	Latitude: <u>31-39-31</u> Longitude: <u>89-44-38</u>				
Mailing Address: 27 Mosshill Dd	Method of Lat/Long (check one): Conventional Survey,				
Cult	USGS quad, Hand-held GPS, Survey-grade GPS				
Collins MS 39438 City State Zip Code	NW 1/4 SE 1/4, Sec 18 T 8N R 17W				
Telephone No. (601) 559-7566	Miles of				
1 cccpitate no. (501) 331 /300	Miles of				
Pump Typ	e (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Pate Pump Installed:	ated Pump Capacity: 50. Gallons Por Wings				
Is This Pump (circle one): (New Repaired Replacemen	dations of minute				
Power Typ	e (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	mill Other (describe):				
Horse Power Rating of Motor: Setting Depth	: 140feet Number of Stages:				
	or Non Flowing Well				
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					
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Measured shut in head:feet.	TOT I COMING WELL				
Well yieldedGPM with a drawdown of					
	stallation				
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 Replacemen					
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				
David A. Wast 0-672 3-22 1 2-20 1					
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer				

Signature of Pump Installer.
Form: OLWR-SWR-1B (4/13)