Descto
t: 46621 Della Urilling
lling completed: 5-15-13

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

For Office Use Only: Well #: 4 9				
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.

(Landowner if borehole is not for a water well)	Latitude: 1340 56 38.75" Longitude: 1450 12' 12, 31"					
Owner Name: Show Show Mailing Address: 5582 Blythe Rol.	Method of Lat/Long (check one): Conventional Survey,					
making Address.	USGS quad, Hand-held GPS, Survey-grade GPS					
Lake Course + Ms. 38441	SW 14 NW 14, Sec 6 T 25 1 R 9W					
Lake Cosmosant Ms. 38641 City State Zip Code	3 Miles North of Lake Composent Ms.					
Telephone No. ()	3 Miles North of Lake Cormolant Ms. (Distance) (Direction) (Nearest Town)					
Well / Borehole Data						
Date drilling started: 5-15-13 Date drilling completed: 5-15-13 Hole depth: 100 Hole diameter: 18"						
Location of the source of any surface water used for drilling: Post on site						
Method of dosing and volume of Chlorine used in drilling and development:						
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: 18 feet [above or below]:land surface Date measured: 57573 (circle one)						
Method of measurement (circle one: Steel tape Electric tape Air line Other (describe):						
Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 60 feet Casing diameter: 10 inches Type of casing: 100						
Screen length: 40 feet Screen diameter: 10 inches Type of screen: 10						
Screen slot size: <u>-012</u> inches Setting depth:	From <u>b'b'</u> feet to <u>166</u> 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	Section 1997 Annual Section 1997					
If telescoped or more than one screen, describe on next page						

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

The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations		
If well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground Level	lowy sond	Ground level	15
	fine sand	16	30
	Clay / sc.rd	31	50
	rease send & grown	57	100
f more than one screen, show location of each on sketch			
3) any roads, power lines, or other items that may aid to the state of	in totaling the property and the view		
. 1			
1		The state of the s	
The state of the s		RELUC 001-84	
Butte Ed			2015
andowner Name:		00T \$ 4	20 <u>%</u>
HEREBY CERTIFY that the well/borehole was drilled	, constructed, and completed in accorda nmental Quality and the Mississippi Depa	OCT 6 4	2018
andowner Name: HEREBY CERTIFY that the well/borehole was drilled equirements of the Mississippi Department of Enviro f applicable, and state laws. Shacker # 2521 Print Name of Responsible Licensee and License No.	nmental Quality and the Mississippi Depa	OCT 6 4	2015

County: _____

For Office Use Only:

STATE WELL REPORT

County: Vesoto

Permit #: <u>GW - 46621</u> Driller: <u>Delta Velliva</u>

Date completed: 5-15-13

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

For Office Use Only:		
Well #:		
Aquifer:		

	01)961-5210				
•) 360-0535 (fax)				
This part of the report must be completed by a licensed water	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: John Succi	Latitude:Longitude:				
Mailing Address: 5552 Blythe 2d.	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: S.) J. 2. Dig The 1861.					
11 0 1 00 20 30 31	USGS quad, Hand-held GPS, Survey-grade GPS				
Loke Connormal Ms. 28611 City State Zip Code	¼¼, Sec T R				
	Miles of (Distance) (Direction) (Nearest Town)				
Telephone No. ()	(Distance) (Direction) (Nearest voins)				
Pump Typ	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 5-15-13	Rated Pump Capacity: 700 Gallons Per Minute				
Is This Pump (circle one): (New Repaired Replacemen	nt				
	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
Horse Power Rating of Motor: 10 Setting Dept	h: <u>60</u> feet Number of Stages:/				
Pump Test Data	for Non Flowing Well				
Date Well Tested: hours 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 Surf	ì				
-	i				
Method of measurement (circle one): Steel tape Electric ta	ta for Flowing Well				
	ta for Flowing Wett				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
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 (circle one): New Repaired Replaceme	007 0 4 2010				
Important: By submitting the above information you are certifying that this meter was installed to manufa cture r standards. For agricultural wells, a list of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above statements are true to th	e best of my knowledge.				
Charley 2561	Date Signature of Direct Installer				
Print Name of Pump Installer and License No. (if applicable	Date Signature of Pump Installer				

__Eorm: OLWR-SWR-1B (4/13)