County: Desoto
Parmit #: (al.)-47232
Driller: J. NEWCOME 0.773
Date drilling completed: 6.20.17

## 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 #: _	E169			
Aquifer: _				
E-Log #: _				
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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.

Well Owner Information	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 34 53 1   Longitude: 90 13 25"	
Owner Name: Oronge Abbott		
U Di ( We	Method of Lat/Long (check one): Conventional Survey,	
Mailing Address: 2666 Clermont Place	USGS quad, Hand-held GPS, Survey-grade GPS	
	NE 14, Sec 26 T 025 R 10W	
City State Zip Code	1 .	
City State Zip Code	2.5 Miles S.W. of NEWPORT	
Telephone No. ()	(Distance) (Direction) (Nearest Town)	
Well / B	Forehole Data	
Date drilling started: 6.20. Date drilling completed	6.20-17 Hole depth: 122 Hole diameter: 29	
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling a	and development: CH LONINE TABLE ()	
Logs run (circle all applicable): No tog 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		
·	(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		
Static Water Level:feet [above or belo (circle one)	w] land surface Date measured:	
Method of measurement (circle one): Steel tape Electric		
	feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length:feet	inches Type of casing: P.V.C.	
Screen length: 4D feet Screen diameter:	inches Type of screen:	
Screen slot size: OGG inches Setting dept	2 -	
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:fee		
If telescoped or more tha	n one screen, describe on next page Form: OI WR-SWR-1A (4/	

County: De Solo		For Office Use	Only:
Permit #: <u>C-W47232</u>	Wei	1#: E164	
The sketch below only required for water wells	Description of formations encount	ered must be provide	ed for all wa
If well telescopes, show depths on sketch.	and boreholes, unless specifically e	exempted by regulati	ons
Ground Level	Description of Formations Encountered	d From (depth)	To (depth)
	TOP SUIL	Ground level	10
	CAR	10	30
	744	30	55
	FINE SAND	55	75
1190)LF	CGAQXE SAND	75	120
16'0451X	DOUDM	120	22
16 dsix			
11			· · · · · · · · · · · · · · · · · · ·
110 -			
11407			
1 400- 1 16'screen			
		<del>-   -</del>	
If more than one screen, show location of each on sketch			
			· · · · · · · · · · · · · · · · · · ·
ketch the property layout and include the following:			
DI SIE WEU IDCATION			
<ul><li>2) any permanent structures on the property that may aid</li><li>3) any roads, power lines, or other items that may aid in le</li><li>4) north arrow</li></ul>	in locating the well		
4) north arrow	ocating the property and the well		
•			
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I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Tohn Newcome O.773 6.20.13

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee of Licensee and License No.

Landowner Name:

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

### STATE WELL REPORT

# County: VESDFO Date completed: 6-20-12

## 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:			

Copy information from block on Part 1	(601)961-5210		
(6	01) 360-0535 (fax)		
This part of the report must be completed by a licensed wa	ater well contractor or a licensed pump installer. A copy of Part 1		
of the report must be attached and both parts filed with the Well Owner Information	e Department at the above address within 30 days of well completion.  Well Location		
Owner Name: Loeorge Abbott	Latitude: 34 53 1/ Longitude: 90 13 25		
	· ·		
Mailing Address: 266 Lermont Plac	~ 1		
c 11. 11. 501 221.7	USGS quad, Hand-held GPS, Survey-grade GPS		
Collies No. 17 38017 City State Zip Code	NW NE 14, Sec 26 TONS R 10 W		
•	2.5 Miles S.W. of Newport (Nearest Town)		
Telephone No. ()			
·	Type (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing We	ell Jet Piston Rotary Other (describe):		
Date Pump Installed: 6-25-13	Rated Pump Capacity: 2500 Gallons Per Minute		
Is This Pump (circle one): New Repaired Replace	ment		
	Type (circle one)		
Electric (Diesel) Gasoline Natural Gas Tractor PTO Windmill Other (describe):			
Horse Power Rating of Motor: 60 Setting D	Depth: 70 feet Number of Stages:		
Pump Test D	ata for Non Flowing Well		
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours		
Static Water Level (A): Feet Below Land Sur	face Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land	Surface Test Pumping Rate: Gallons Per Minute		
Method of measurement (circle one): Steel tape Electr			
• 1	Data for Flowing Well		
Measured shut in head:			
Well yieldedGPM with a drawdown of	feet afterhours of pumping		
Me	ter Installation		
Meter Manufacturer:	Meter Serial Number:		
Meter Model Number/Name:			
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.		
Hibbard Stephens 741-P 8/6/13 Halle St			
Print Name of Pump Installer and License No. (if applic	able) / Date Signature of Pump Installer		

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