	STATE	WELL DEDODT	
Driller: <u>Jords w.Mason</u> Date drilling completed: <u>11-25-15</u>	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 #: M 380 Aquifer:
State Law requires that this report be Department at the above address with Well Owner Information (Landowner if borehole is not for a Owner Name: Kenny Oun Mailing Address: 14497 Ualley Byhalicy MS City State Telephone No. (201) 190-306	ain 30 days of con water well) 10 ρ 01 τ τ τ 38611 Zip Code	mpletion of drilling of the well of Well or Bore Latitude: 2344745.34 ^N Lon Method of Lat/Long (check one) USGS quad, Hand-held GI 4_NUJ_4, Sec	pr borehole. hole Location gitude: <u>89°43'58.60ີ່ພ</u>): Conventional Survey, PS, Survey-grade GPS
	illing completed: er used for drillir used in drilling a Electric Gamm N C Geotechni Gurvey Other (ng: ۲۹۹۸ nd development: <u>Sopon</u> م na Ray Density Sonic Neutro cal/Geological Investigation C	d sienter
Purpose of Well (circle all applicable): Hol Other (describe): $\checkmark \checkmark$ If a flowing well, method of flow regulation Static Water Level: $\bigcirc \checkmark$ feet [a Method of measurement (circle one): Steen Well depth: $\underline{140}$ Well grouted to a der Casing length: $\underline{120}$ feet Casin Screen length: $\underline{20}$ feet Screen Screen slot size: $\underline{010}$ inches Type of completion (circle all applicable):	on: Valve bove or below (circle one) el tape Electric t opth of:O fo ng diameter: een diameter: Setting depth:	 A Other (describe) (f) Dand surface Date measured Dand surface Date measured Cape Air line Other (describe): eet Type of grout (circle one): 4inches Type of caption 4inches Type of s From120feet to 	$\frac{11-25-15}{5+7iy lueiy L}$ Neat Cement Bentonite Mix asing: p_{2} screen: p_{2} 140 feet
Other (describe): レイ		·	RE(EWED

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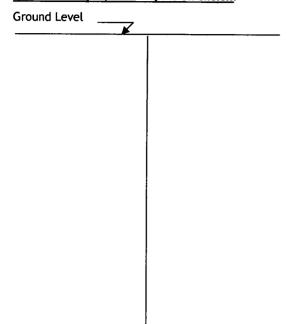
Form:	0	LW	R-\$	Ŵ	R-	A	4	13)	
•	•	÷	, s	¢ -	- 41		÷:		

County:	 	
Permit #: _	 	

	or Office Use (Only:
Well #:	M 380	

The sketch below only required for water wells

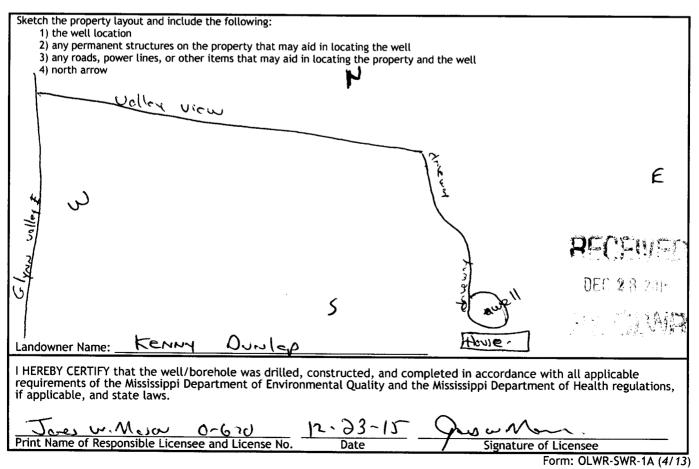
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (<i>depth</i>)	To (depth)
cley dirt	Ground level	10
gravel white sand	10	30
Gravel	30	60
white sound.	60	140
8		-
· · · · · · · · · · · · · · · · · · ·		

If more than one screen, show location of each on sketch



	STATE W	ELL REPORT	
County: Derato	7	Part 2	For Office Use Only:
Permit #:		r's Completion Report	Well #: $M380$
Driller: Jones w. Mason		nent of Environmental Quality nd and Water Resources	Well #:
Date completed: 1 - 25-15	P	.O. Box 2309	Aquifer:
Copy information from block on Part 1		n, MS 39225-2309 501)961-5210	Aquilet
	L (601) 360-0535 (fax)	
This part of the report must be complete	ed by a licensed water	well contractor or a licensed pur	np installer. A copy of Part 1
of the report must be attached and both Well Owner Informat			<i>ithin 30 days of well completio</i> ocation
Owner Name: Renny Dun		Latitude: 34 47 45.24 ALon	
• • •			
Mailing Address: 14497 wb	incy orew	Method of Lat/Long (check one)	_
		USGS quad, Hand-held GI	
Byhalia MS City State	38011	<u>SE 14 NW 14, Sec</u>	
Telephone No. $(\underline{901})$ 490 - 30		$\frac{13/4}{(Distance)}$ Miles $\frac{5E}{(Direction)}$ of	ingions mill.
Telephone No. (101) Tro -30	<u>) 66</u>	(Distance) (Direction)	(Nearest Town)
	Pump Typ	oe (circle one)	
Submersible Turbine Air Lift Centri	fugal Flowing Well	Jet Piston Rotary Other (de	scribe):
Date Pump Installed: $11 - 25 -$	15 F	Rated Pump Capacity:	Gallons Per Minu
Is This Pump (circle one): New Re			
		circle one)	·····
Electric Diesel Gasoline Natural Gas			
Horse Power Rating of Motor: $3/$	Setting Dept	h· 100 feet Number	of Starses:
		for Non Flowing Well	
Date Well Tested: $11 - 35 - 1$			
Static Water Level (A): Fee			Feet Below Land Surfac
Drawdown [(B) - (A)]:/4	Feet Below Land Surf	ace Test Pumping Rate:	<u> </u>
Method of measurement (circle one): S	teel tape Electric ta	pe Air line Other (<i>describe</i>): _	string / veij Lt
	Pump Test Dat	a for Flowing Well	
Measured shut in head: <u>N VA</u> feet			
Well yielded <u>()</u> GPM with a d	drawdown of NI	לfeet after	hours of pumping
		nstallation	
	merel I	nstattativn	
Meter Manufacturer: 1114		Motor Corial Number	MA
Meter Manufacturer: <u>N</u>			~1A
Meter Model Number/Name:	19	Type of Meter:	~ M
Meter Model Number/Name:	actor (AF x .001, gal	Type of Meter:^ x 1000, etc): <u>~ 4</u>	~ M
Meter Model Number/Name:	actor (AF x .001, gal	Type of Meter:^ x 1000, etc): <u>~ 4</u>	~ M
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:/A	actor (AF x .001, gal	Type of Meter: x 1000, etc): <u>N A</u> N A	~ M
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:/A Is This Meter (circle one): New Re Important: By submitting the above in	actor (AF x .001, gal Meter installed by: _ paired Replaceme formation you are ce	Type of Meter:	→ A led to manufacturer standards.
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:/A Is This Meter (circle one): New Re Important: By submitting the above in	actor (AF x .001, gal Meter installed by: _ paired Replaceme formation you are ce	Type of Meter:^ x 1000, etc): <u>~ /A</u> <u>N /A</u> nt	→ A led to manufacturer standards.
Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:/A Is This Meter (circle one): New Re Important: By submitting the above in	actor (AF x .001, gal Meter installed by: _ paired Replaceme <i>formation you are ce</i> <i>ral wells, a list of app</i>	Type of Meter:	→ A led to manufacturer standards.

Form:	OLWR	-SWR-	1B (47	13)