A77 STATE WELL REPORT Part 1 County: Franklin For Office Use Only: Driller's Log Well #: P156 Mississippi Department of Environmental Quality Permit #: Office of Land and Water Resources Aquifer: _ P.O. Box 2309 Driller: Jackson, MS 39225-2309 E-Log #: _ Date drilling completed: (601)961-5555 (601)961-5228 (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 (Landowner if borehole is not for a water well)	Well or Borehole Location			
Owner Name: Grey barksdale	Latitude: 31.3900 Longitude: 10.6421 31.39.24 90.38.31.56 Method of Lat/Long (check one): Conventional Survey,			
Mailing Address:				
1255 watts Rd	USGS quad, Hand-held GPS, Survey-grade GPS			
Smithdale MS 39664	SENE SOD W, Sec 19VT 5N RGE			
City State Zip Code	9 Miles SE of MCALICREK			
Telephone No. (60) 249-7387	(Distance) (Direction) (Nearest Town)			
Well / B	orehole Data			
Date drilling started: 10-29-18 Date drilling completed: 10-29-18 Hole depth: 12 Hole diameter:				
Location of the source of any surface water used for drilling	· · - / 1/1			
Method of dosing and volume of Chlorine used in drilling a	nd development: Mudpit 4 (mraclifix)			
Logs run (check all applicable): Olog run Electric Samma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (check 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 lock CEIVED				
Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Cultumov 2 1 2018				
Other (describe):	RV OLWD			
If a flowing well, method of flow regulation: Valve Other (describe) BY OLVVR				
Static Water Level: 60feet _above_or 2 below] land surfaceDate measured:				
Method of measurement (check one) Steel tape Electric tape Air line other (describe):				
Well depth: 10 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix				
Casing length: 30 feet Casing diameter: 4 inches Type of casing: PVL				
Screen length: 10 feet Screen diameter:				
Screen slot size: OlD inches Setting depth: From 80 feet to 90 feet				
Type of completion (check all applicable) ravel 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			

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

County: Franklin Permit #:		For Office Use	Only:		
The sketch below only required for water wells	Description of formations enco and boreholes, unless specifica	untered must be provide lly exempted by regulati	ed for all wells		
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encount	ered From (depth) Ground level	To (depth)		
	Red Clay	0	12		
	white Clay	12	21		
	SANIC	21	٥P		
	white Clay	90	92		
If more than one screen, show location of each on sketch					
sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in any roads, power lines, or other items that may aid in 4) north arrow	d in locating the well locating the property and the well				
	Hwy	84			
Lin Frank Rd					
Bogue Chitto Exit					
matis R					
HEREBY CERTIFY that the well/borehole was drilled, or	onstructed and complete discourse	rordanco with all assis			
equirements of the Mississippi Department of Environm applicable, and state laws.	nental Quality and the Mississippi	Department of Health r	regulations,		
Michael wkees 7737 1	0-29-18 Nuha	John			
rint Name of Responsible Licensee and License No.	Date // Si	gnature of Licensee Form: OLWR-	SWR-1B (4/13)		

STATE WELL REPORT

County: Franklin Permit #: Driller: Grenn Water Well Date completed: 10-29-18

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 #: P15k			
Aquifer:			

		n, M5 39225-2309	Addite).		
1		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 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.					
Ī	Well Owner Information		ocation		
	Owner Name: Grey Barksdale	Latitude: 31.3900 Long	^		
	Mailing Address:	Method of Lat/Long (check one)			
۱	1255 WAHS Rd	USGS quad, Hand-held/GF	S_X_ Survey-grade GPS		
ı	Smithdale MS 39664 City State Zip Code	SENE SWW, Sec	19 T 5N R 6F		
l	Telephone No. (401) 249-7387	(Distance) Alles SE of	McCAll Creek (Nearest Town)		
L					
١	Pump Typ	e (check one)	_		
H	Submersible Turbine Air Lift Centrifugal Flowing Well Det Piston Rotary Other (describe):				
1	Date Pump Installed: 10-39-18 Rated Pump Capacity: 11 Gallons Per Minute				
	Is This Pump (check one): New Repaired Replacement				
Power Type (check one)					
1	Electric Diesel Gasoline Natural Gas Tractor PTO Win		//		
I	Horse Power Rating of Motor: Setting Dept	h: 85 feet Number	of Stages:		
		for Non Flowing Well			
	Date Well Tested: 10 29-18 Duration of Pump Test (minimum 4 hours): 4 hours				
	Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 79 Feet Below Land Surface				
	Drawdown [(B) - (A)]: 19 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute				
	Method of measurement (check one): Steel tape Electric to				
	Pump Test Da	ta for Flowing Well			
1	Measured shut in head:feet.				
1	Well yielded GPM with a drawdown of	feet after	hours of pumping		
	Meter	Installation			
	Meter Manufacturer:	er 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: RECEIVED				
	Is This Meter (check one): Repaired Replacement NOV 2 1 2018				
	Important: By submitting the above information you are certifying that this meter was installed to manufactures standards. For agricultural wells, a list of approved meters is on the MDEQ website.				
ſ	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
	Michael 11/005 7737 10-25-18 Michael Man				
	Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer				
1			Form: OLWR-SWR-2A (4/13)		