STATE WELL REPORT Part 1 County: Franklin For Office Use Only: Driller's Log Mississippi Department of Environmental Quality Well #: Permit #: Office of Land and Water Resources Aguifer: P.O. Box 2309 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 Well or Borehole Location Latitude: 31 21 43.3 Longitude: 90 43 3.9 (Landowner if borehole is not for a water well) Owner Name: Method of Lat/Long (check one): Conventional Survey Mailing Address: USGS quad_____, Hand-held GPS____, Survey-grade GPS Zip Code (Distance) (Direction) (Nearest Town) Telephone No. (Well / Borehole Data Date drilling started: 82819 Date drilling completed: 82819 Hole depth: 208 Hole diameter: 8Location of the source of any surface water used for drilling: ____ Method of dosing and volume of Chlorine used in drilling and development: Logs run (check all applicable): Log run Electric Samma Ray Density Sonic Neutron Other: Name of organization running log(s): _ Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check all applicable): Flome Industrial Public Supply Irrigation Other (describe):_ If a flowing well, method of flow regulation: Valve _____ Other (describe) feet Dabove or below] land surface Date measured: 8-25 Method of measurement (check one) Steel tape Electric tape Air line other (describe): Well depth: 208 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix Casing diameter: __ 4 4 Casing length: 188 inches Type of casing: Pic Screen length: Screen diameter: inches Type of screen: 10

185

Setting depth: From Type of completion (check all applicable) ravel packed Underreamed Open hole Natural Development

If telescoped or more than one screen, describe on next page

inches

Top of lap pipe or reduction in casing: _____feet

Other (describe):___

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

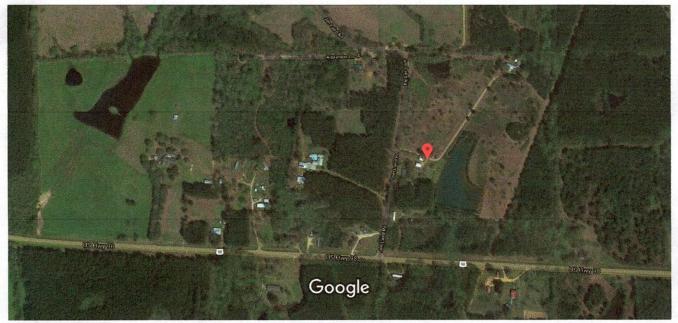
The sketch	below	only	required	for	water wells
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If well telescopes, show denths on sketch.

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

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Google Maps 31°21'43.3"N 90°43'03.9"W



Imagery ©2020 Maxar Technologies, USDA Farm Service Agency, Map data ©2020 200 ft la

Randy Stroud.

Jim Laird Rd.

8-28-19

205'
90'
140'
3HP.

JAN 22 2020 BY OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

Woffice of Land and Water Resources
P.O. Box 2309

County: Permit #: Driller:

Date completed:

Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For ()ffice	Use C	only:
Well #:	P	165	
Aquifer:	-		_

Copy information from block on Part 1 a licensed pump installer. A copy of Part 1

This part of the report must be completed by a licensed of the report must be attached and both parts filed with	the Department at the west than			
Well Owner Information	0 1 - 11 10 1 - 13011			
owner Name: Randy Stroud				
Mailing Address: I'm Laird Rd	Method of Lat/Long (check one): Conventional Survey			
	IISGS guad . Hand-held GPS, Survey-grade GPS			
Sm Indale ms. State Zip Coo	NW 14 NW 14, Sec 33 T 5N R SE			
City	Miles of (Distance) (Direction) (Nearest Town)			
Telephone No. ()				
Pun	np Type (check one)			
Submersible Türbine Air Lift Centrifugal Flowing	Well ☐Jet☐Piston☐Rotary☐Other (describe):			
Date Pump Installed: 8.28-19.	Rated Pump Capacity:Gattons Per Minute			
Is This Pump (check one): A New Repaired Repla	acement			
Pow	ver Type (Clieck Oile)			
Electric Diesel Gasoline Natural Gas UTractor PTC	□ Windmill □Other (describe):			
	ng Depth: 140 feet Number of Stages:			
Pump Test	t Data for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours			
Static Water Level (A): Feet Below Land S	Surface Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below La	and Surface Test Pumping Rate: Gallons Per Minute			
Method of measurement (check one): Steel tape □Ele	ectric tape Air line Other (describe):			
Pump To	est Data for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
	Meter Installation RECE			
Meter Manufacturer:	Meter Serial Number:			
	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .0				
	ed by:			
Is This Meter (check one): New Repaired Rep				
Important: By submitting the above information you For agricultural wells, a lis	u are certifying that this meter was installed to manufacturer standards. st of approved meters is on the MDEQ website.			
I HEREBY CERTIFY that the above statements are tru	e to the best of my knowledge.			
Print Name of Pump Installer and License No. (if ann	S-28-19 Bulful Signature of Pump Installer			

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