· · · · · · · · · · · · · · · · · · ·	STATE	WELL REPORT		
County: Rouse	Part 1		For Office Use Only:	
Permit #: 0-280	Driller's Log		Well #: 2 2 2 1	
	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: $\int f' U U $	P	.O. Box 2309	E-Log #:	
Date drilling completed: $8 - 10 - 18$		on, MS 39225-2309 601)961-5210		
	•	1)360-0535 (fax)		
State Law requires that this report Department at the above address w	be prepared by the ithin 30 days of col	license holder responsible for the second	he work and filed with the or borehole.	
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 be)ehole is not for	a water well)	Latitude: <u>30-52-40</u> Longitude: <u>88-34-27</u>		
Owner Name:	Fame		e): Conventional Survey,	
Mailing Address: 200 UMU	on allen	USGS quad, Hand-held G	Suprev-grade GPS	
<u>I</u> Ld		USUS quad, Hand-held G	15 0 / 1 1 1	
Lucdali, ND	39457	San 1/4 NW 14, Sec	10 125 R 66	
City State	Zip Code	5 Miles North o	Acrela Auss	
Telephone No. (60/) 947 - 9	1520	(Distance) (Direction)	(Nearest Town)	
		1		
	Weli / E	orehole Data	- 11:1	
Date drilling started: <u>3-36-18</u> Date	drilling completed	: <u>8-78-18</u> Hole depth: <u>13</u>	Hole diameter:	
Leasting of the source of any surface)	water used for drilli	no Acrula no	· · · · · · · · · · · · · · · · · · ·	
Method of dosing and volume of Chlori		Tim W	ater Sgal Aleah	
Method of dosing and volume of Chlori	ne used in drilling a	and development:		
Logs run (circle all applicable). No log	un Electric Gam	ma Ray Density Sonic Neutr	on Other:	
Name of organization running log(s):				
Purpose of borehole (circle one) Wate	r Well) Geotechn	ical/Geological Investigation	Ground Source Heat Pump	
Seisn	nic Survey Other	(describe)		
If drilling is not re	lated to water well o	construction, skip the remainde	r of this block RECETVEL	
Purpose of Well (circle all applicable):	Home Industrial	Public Supply (Irrigation	Fish Culture SEP 10 2018	
Other (describe):			DA OF M.	
If a flowing well, method of flow regu	lation: Valve	Other (describe)	0 2 10	
Static Water Level:fee	et [above or below (circle one)	and surface Date measure	ed: <u>8-30-18</u>	
Method of measurement (circle one):	Steel tape Electric	tape Air line Other (describe	?):	
Well depth: 75 Well grouted to	a depth of: <u>10</u>			
Casing length: <u>65</u> feet	Lasing diameter:		casing: / Castu	
Screen length: <u>10</u> feet	Screen diameter: _	<u>4uh</u> inches Type o	f screen: <u>r llusur</u>	
Screen slot size:inche		n: From <u>O</u> feet		
Type of completion (circle all applicat	ole): Bravel packed	Underreamed Open hole	e Natural Development	
Other (describe):				
Top of lap pipe or reduction in casing	:feet	:		
If teles	coped or more than	i one screen, describe on next p		

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County: <u>Dercel</u> Permit #: <u>D - 790</u>		For	Office Use	Only:
Permit #: <u>0 - 790</u>	We	ell #:	હ્ત્રરવ	
	Department of formations are an			
The sketch below only required for water wells	Description of formations encour and boreholes, unless specifically	v exempte	ed by regulation	ea for all wells ions
<u>If well telescopes, show depths on sketch.</u> Ground Level	Description of Formations Encounter		rom (<i>depth</i>)	To (depth)
		n	Ground level	
	Same	/	0	75
			<u>.</u>	
If more than one screen, show location of each on sketch	,			
ketch the property layout and include the following:1) the well location		Field	IEIL	
 any permanent structures on the property that may any roads, power lines, or other items that may aid 	aid in locating the well		, •	
4) north arrow	an ocacing the property and the wett	Full		
(N
				-
	tota			
	anion this Ita			SEIVE
	errion Chich Rd		R	ECEIVE
	anion this Rd		R	ECEIVE
	errion thich that		R	ECEIVE SEP 10 201
	anion Chill Red		R	ECEIVE SEP 10 2010 BY OLN
	union thich that		R	ECEIVER SEP 10 2015 BY OLN
andowner Name: Dambill Fam	anion Chich Rd		R	ECEIVE SEP 10 2019 BY OLN

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.

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Del Vul 6-780 Print Name of Responsible Licensee and License No.

<u>8-30-18</u> Date

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	STATE WELL REPORT						
County: Leoral	Part 2	For Office Use Only:					
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality	Well #:					
Driller:	Office of Land and Water Resources						
Date completed: <u><u><u>8</u>-30-19</u></u>	P.O. Box 2309 Jackson, MS 39225-2309	Aquifer:					
<u>Copy information from block on Part 1</u>	(601)961-5210						
(601) 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. Well/Owner Information Well Location							
Owner Name: Daniel F		Latitude: <u>30-52-40</u> Longitude: <u>88-34-27</u>					
Mailing Address: 200 UMU0		Method of Lat/Long (check one): Conventional Survey,					
		PS, Survey-grade GPS					
<u>City</u> <u>pus</u> <u>State</u>	39452 JUNE NW 4 Ser	101525 R.6W					
	Zip Code	Acala MID					
Telephone No. (601) 947-4	Zip Code <u>S</u> Miles <u>Moth</u> of <u>(Distance)</u> (Direction)	(Nearest Town)					
6	Pump Type (circle one)						
Submersible Turbine Air Lift Centrifu	ugal Flowing Well Jet Piston Rotary Other (de	scribe):					
Date Pump Installed: 8-30-1	Rated Pump Capacity:	Gallons Per Minute					
Is This Pump (circle one): New Rep							
	Power Type (circle one)						
	Tractor PTO Windmill Other (describe):						
Horse Power Rating of Motor:5	Setting Depth: 70 Map 12 feet Number	of Stages: <u>20</u>					
	Pump Test Data for Non Flowing Well	110					
	Duration of Pump Test (minim						
	t Below Land Surface Pumping Water Level (B): _						
Drawdown [(B) - (A)]:2	Feet Below Land Surface Test Pumping Rate:	Gallons Per Minute					
Method of measurement (circle one): St	eel tape Electric tape Air line Other (describe):_						
	Pump Test Data for Flowing Well						
Measured shut in head:feet.							
Well yielded GPM with a d	Irawdown of feet after	hours of pumping					
	Meter Installation						
	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 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							
	Print Name of Pump Installer and License No. (<i>if applicable</i>) 8-30-18 Signature of Pump Installer						
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