county: Jackson George
Permit #:
Driller COSHWATERWELLSIX
Date drilling completed: 5-37-15

Well Owner Information

(Landowner if borehole is not for a water well)

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 #: 130				
Aquifer:				
E-Log #:				

Well or Borehole Location

6'42.36" Longitude: 088°3

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.

Marillade	Latitude: 10 10 90 30 Longitude: 000 3 1 700 1 1				
Owner Name: Mary Voole	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 1173 Ellis Hooge Kood					
	USGS quad, Hand-held GPS, Survey-grade GPS				
Lucedak Ms 39452	NE 14 NEW 14, Sec 19 T 35 R 6 W				
City State Zip Code	6 1/2 Miles SW of Agricola				
Telephone No. (288) 218 - 9553	(Distance) (Direction) (Nearest Town)				
Wall / P	orobolo Pata				
Date drilling started: 527-15 Date drilling completed:	orehole Pata				
T					
Location of the source of any surface water used for drilling	ng: NA				
Method of dosing and volume of Chlorine used in drilling and development: gal fur 1000 brilling agal in well					
Logs run (circle all applicable): No log run Electric Gamr	na 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					
Selsmic Survey Other	(describe)				
If drilling is not related to water well c	onstruction, skip the remainder of this blood				
	ーしていたし				
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture JUN 1 5 2015				
Other (describe):	2 0 20 <u>13</u>				
If a flowing well, method of flow regulation: Valve	Other (describe)				
Static Water Level: 55 feet [above of below	Pland surface Date measured: 5-27-15				
(circle bne)					
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):				
Well depth: 05 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 95 feet Casing diameter:					
Screen length: 10feet Screen diameter: 2inches Type of screen: PVC					
Screen slot size: <u>• OOO</u> inches Setting depth	: From <u>95</u> feet to <u>105</u> feet				
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing: N/A feet	·				
If telescoped or more than	one screen, describe on next page				
	Form: OLWR-SWR-1A (4/13)				

County: George					For	office	Use (Only:	
The sketch below only re	equired for water w	vells	Description of	of formations er	countered	must be pr	ovided	for all wells	
f well telescopes, show a	lepths on sketch.		and borehole	s, unless specif	ically exem	pted by reg	zulatio	<u>ns</u>	
Ground Level			Description of	Formations Enco	ountered	From (de Ground l	pth)	To (depth)	
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			orange	coarse s	sand	1 8	-	35	
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f more than one screen, sho	l ow location of each on	sketch	<u> </u>			<u> </u>			
tetch the property layout ar 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow	ures on the property t s, or other items that	that may ai	d in locating the locating the pro	well perty and the we	u			AECE	VE
Ellis	Hooge Rs.								25.5
	Y well								ائي پايسه د
DATE	7 House	١.		4				AL OIL	1131
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(a))	Dor		27					
		''				1		1	
Indowner Name: Mar	y Poole	<u> </u>							
indowner name: II WA									
HEREBY CERTIFY that the quirements of the Missis applicable, and state la	t e well/borehole wa ssippi Department o ws.	s drilled, of Environs	constructed, an nental Quality	nd completed in and the Mississi	n accordanc ippi Departi	e with all ment of H	applic ealth r	able egulations,	
IEREBY CERTIFY that the quirements of the Missis	ws. 11_0-472	<u> </u>	constructed, ar nental Quality	d completed in and the Mississi	un hi	te with all ment of H	_	able egulations,	

STATE WELL REPORT

County: George. Permit #: Driller MS+Water Wellsvc Date completed: 5-27-15 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For O	ffice Use Only:
Well #: _	K130
Aquifer: _	

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. **Well Location** Well Owner Information 2.36 Longitude: 088 37 Owner Name: MARY Method of Lat/Long (check one): Conventional Survey_ , Survey-grade GPS_ USGS quad_____, Hand-held GPS___ NE 14 NE 14, Sec 19 Miles 5w Telephone No. C (Distance) (Direction) (Negrest Town) Pump Type (circle one) Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Date Pump Installed: Rated Pump Capacity: ____ Gallons Per Minute (New Repaired Is This Pump (circle one): Replacement Power Type (circle one) iesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Electric Setting Depth: 80F7 feet Number of Stages: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Date Well Tested: Duration of Pump Test (minimum 4 hours): __ Pumping Water Level (B): Feet Below Land Surface Static Water Level (A): 55 Feet Below Land Surface **Gallons Per Minute** Test Pumping Rate: __ Drawdown [(B) - (A)]: _ Feet Below Land Surface Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____ _GPM with a drawdown of Well yielded feet after hours of pumping Meter Installation Meter Manufacturer: _ Meter Serial Number: Meter Model Number/Name: _ Type of Meter:_ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):____ Meter installed by: __ Installation Date: ____ Is This Meter (circle one): 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 knowle	edge
Trok Ryddell 0-472	6/2/15	Jan Robber
Print Name of PumpyInstaller and License No. (if applicable)		Signature of Pump Installer

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