STATE STATE	WELL REPORT Part 1	For Office Use Only:
county: GEOGE	riller's Log	well #: K134
Permit #: Mississippi Departr	nent of Environmental Quality	Aquifer:
	nd and Water Resources .O. Box 2309	
	on, MS 39225-2309	E-Log #:
	601)961-5210	
•	)360-0535 (fax)	
State Law requires that this report be prepared by the Department at the above address within 30 days of con	npletion of drilling of the well	or borenole.
Well Owner Information (Landowner if borehole is not for a water well)		hole Location
	Latitude: 30°47'13,14 Lor	ngitude: <u>088° 41′ 4, 4 4″</u>
Owner Name: Kenny Andrews	Method of Lat/Long (check one	e): Conventional Survey,
Mailing Address: 103 Hollie Street	USGS:ouad Hand-beld G	PS, Survey-grade GPS
1 1 10 0 201152		5 T 35 R 7W
Lucedale, MS 39452 City State Zip Code	· ·	
city	10 Miles West	of <u>AgricolA</u> (Nearest Town)
Telephone No. (60)947-2941	(Distance) (Direction)	(Nealest Town)
Well / B	orehole, Data	
Date drilling started 2/3/16 Date drilling completed	8/3/16 Hole depth: 39	<u>2</u> Hole diameter
Location of the source of any surface water used for drilli	ng: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling a	ind development: 9al Kr 1000	Drilling Igal wwell
Logs run (circle all applicable): No log run Electric Gam	ma Ray Density Sonic Neutr	on Other:
Name of organization running log(s):		
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation	Ground Source Heat Rump
Seismic Survey Other	(describe)	Docelvev
If drilling is not related to water well	construction, skip the remainde	er of this block
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation	Fish Culture SEP 0 2 2016
Other (describe):		
If a flowing well, method of flow regulation: Valve	Other (describe)	<b>BIOT</b>
Static Water Level: 40GPM_feet(above) or belo	w] land surface Date measure	ed: <u>8-3-16</u>
Method of measurement (circle one): Steel tape Electric		
Well depth: 20 FT Well grouted to a depth of: 10	feet Type of grout (circle one	): Neat Cement Bentonite Mix
Casing length: <u>380</u> feet Casing diameter:	0	casing: PVC
Screen length:feet Screen diameter: _	1	if screen: <u>PVC</u>
Screen slot size: OCCinches Setting dept	-	to <u>390</u> feet
Type of completion (circle all applicable): Gravel packed		Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:		
If telescoped or more that	a one screen, describe on next p	page

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Form:	ULW	-71466-	14	(47.1	13)

	County:	George,
Permit #:	Permit #:	

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For O	ffice Use Only:
Well #:	134
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The sketch below only required for water wells

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

<u>If well telescopes, show depths on sketch.</u>	and boreholes, unless specifically exemp	or of the state	
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
	LIOP SOIL	Ground level	-2
	Mamp Cay	à d	<u> </u>
	Bue Clay	10	<u></u>
	Staucontes and w/peg		-100
	Blue Clay	-100	
	Gray Coarse Sand	360	<u>_760</u>
	1. Sour BLICSWEL	0	
			· · · · · · · · · · · · · · · · · · ·
more than one screen, show location of each on sketch			-
		MAC	eive
<ol> <li>the well location</li> <li>any permanent structures on the property that may</li> </ol>	aid in locating the well		
1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well		0 2 2016
2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well		0 2 2016
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1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow 0 0 0 0 0 0 0 0 0 0 0 0 0	aid in locating the well in locating the property and the well		0 2 2016
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1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow 70 M BluFF STATES	add in locating the property and the well in locating the property and the well		0 2 2016
1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow 7Um BluFF STATES 800 100 100 100 100 100 100 100	add in locating the property and the well in locating the property and the well	SEP BY	0 2 2016 CLN
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Parameter, Parameter, Sector, Construction, Constructing, Construction, Construction, Constructio	County: DEOLGO	STATE WELL REPORT	[
Driller (DR:LMMET MATCH 2015)		Pump Installer's Completion Report	
Date completed: 3:3-16       P.O. Box 2309       Aquifer:         Gave information from block on Part I       (601)961-53210       Aquifer:         10:1961-53210       (601)961-53210       (601)961-53210         (601)961-53210       (601)961-53210       Well Completed by a Bicensed water well contractor or a Bicensed pump instabler. A copy of Part I         0:0000 more information       Well Completed by a Bicensed water well contractor or a Bicensed pump instabler. A copy of Part I         0:0000 more information       Well Completed by a Bicensed water well contractor or a Bicensed pump instabler. A copy of Part I         0:0000 more information       Well Completed by a Bicensed water well contractor or a Bicensed pump instabler. A copy of Part I         0:0000 more information       Well Completed by a Bicensed water well contractor or a Bicensed pump instabler. A copy of Part I         0:0000 more information       Well Completed by a Bicensed water well contractor or a Bicensed pump instabler. A copy of Part I         1:0000 more information       Well Completed by a Bicensed by a Bicensed water well contractor or a Bicensed pump instable State DS (Difference)         1:0000 more information       State       Tay Completed Biceneret         1:0000 more information       State       Tay Completed Biceneret         1:0000 more information       State       Tay Completed Biceneret         1:0000 more information       Bicensed Pump Capacity:       Comp	Driller OASt Water Wellsvc.	I mississippi Department of Environmental Quality	Well #: _K134
(601961-5210         (601961-5210         (601) 300-0535 (fax)         This part of the report must be completed by a licensed water will contracter or a licensed pump installer. A copy of Part 1         of the report must be completed by a licensed water will contracter or a licensed pump installer. A copy of Part 1         Of the report must be completed by a licensed water will contracter or a licensed pump installer. A copy of Part 1         Of the report must be completed by a licensed water will contracter or a licensed pump installer. A copy of Part 1         Of the report must be completed by a licensed water will contracter or a licensed pump installer. A copy of Part 1         Of the report must be completed by a licensed water will contracter or a licensed pump installer. A copy of Part 1         Of the report must be completed by a licensed water will contracter or a licensed pump installer.         Well Over a find from thion         Well Contract Town:         Net Contracter on a licensed pump installer. A copy of Part 1         Used colspan="2">Of the report must be completed by a licensed mater will contracter or a licensed pump installer.         Licend colspan="2">Of the report of t	Date completed: 8-3-16		
(001) 300-0335 (fax)         This pair of the report must be completed by a licensed water well constructer or a licensed pump installer. A copy of Part 1         Well Owner Information         Well Control Information         Well Owner Information         Well Control Information         Well Control Information         Well Control Information         Lice Colspan="2">Conventional Survey         Lice Colspan= 2         Lice Colspan= 2         Date Pump Table Circle one)         Submersible Turbine Air Lift Centrifugal (Powner Well) Let Piston Rotary Other (describe):         Import field with the Department at the above addrass within 30 days of well completion         Date Pump Installed:         Convertional Survey         Lice Cone):         Submersible Turbine Air Lift Centrifugal (Powne	Copy information from block on Part 1		Aquifer:
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp of Part 1         Of the report must be completed by a licensed water well contractor or a licensed pump installer. A copp of Part 1         Owner Name: ECDIN_ArtCLPUS			
Weil Owner Information       Weil Correction         Owner Name: ECIDY And ICUSS       Weil Correction         Mailling Address: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Mailling Address: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 103 Hollie Street       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 104 Hollie Street       Multipedate: 136 Hollie Street         State       Latitude: 2047/13.144 (ongitude: 088 41/ 4.44/*         Multipedate: 104 Hollie Street       Multipedate: 136 Hollie Street         State       Latitude: 2067       Multipedate: 136 Hollie Street         Pump Test Data for No Flowing Weil       Hours: 16 Hollie Street       Street Street<	This part of the report must be complete	d by a llasse advertise of the	
Owner Name:       Control and reuses         Mailing Address:       103 Hollie.Street         Mailing Address:       103 Hollie.Street         Lucedale       112.5treet         State       21p Code         Vision       102.5treet         State       21p Code         Vision       125.5treet         State       21p Code         Vision       125.5treet         State       21p Code         Pump test       Mail West         State       21p Code         Pump test       Rated Pump Capacity:         Date Pump Installed:       Rated Pump Type (c/r/ce one)         Bate Pump Installed:       Setting Depth:         Date Pump Installed:       Setting Depth:         Date West       Setting Depth:		Jaca was the Department at the above address	within 30 days of well completion.
Mailing Address:       102 Hollie Street         Method of Lat/Long (check one):       000 Hollie         LUCedale, Dis 39400       State         State       Zip Code         VE: 4       State         Discover Rating of Motor:       State         Date Pump Installed:       Pump Type (circle one)         Submersible       New Repaired         Power Type (circle one)       Gallons Per Minute         State State       Setting Depth:         Date Pump Installed:       Rated Pump Capacity:         State       Power Type (circle one)         State       Power Type (circle one)         State       Power Type (circle one)         State       Power Type (circle one):         State       Power Type (circle one):         State       Power Type (circle one):         State Well Tested:       Setting Depth:         Pump Test Data for Non Flowing Well         Date Well Tested:       Setting Depth:         Date Well Tested:       Setted Below Land Surface       Test Pumping Nater Level (8):       Feet Below Land Surface         Pump Test Data for Flowing Well       Meter Installation       Meter Installation       Meter Installation         Meter Moule Anula Mutiplier Factor (AF x.001, gal x 1000, etc):		· Well	Location
Image: State       Image: State <td< td=""><td></td><td></td><td>ongitude: 08841 4.44"</td></td<>			ongitude: 08841 4.44"
LUCCALORE, I.M.S. 339 Top       IIp Code       NE x Sw x, sec SS T. SS R. 7w         Telephone No. (LQ) 947-2044       NE x Sw x, sec SS T. SS R. 7w         Dommo Type (circle one)       Niles West of (Direction) of Agazes/a         Submersible Turbine Air Lift Centrifugal (Bowing Well) Let Piston Rotary Other (describe): (Direction)       Rated Pump Capacity: (O	Mailing Address: 105 Holle, C	Method of Lat/Long (check on	e): Conventional Survey,
LUCCALORE, I.M.S. 339 Top       IIp Code       NE x Sw x, sec SS T. SS R. 7w         Telephone No. (LQ) 947-2044       NE x Sw x, sec SS T. SS R. 7w         Dommo Type (circle one)       Niles West of (Direction) of Agazes/a         Submersible Turbine Air Lift Centrifugal (Bowing Well) Let Piston Rotary Other (describe): (Direction)       Rated Pump Capacity: (O		USGS quad, Hand-held	GPS, Survey-grade GPS
Telephone No. (LQQ) 947-2744         Miles West of Agated to Miles West of Mighted to Miles West of Miles West of Miles West of Miles West Town)         Submersible Turbine Air Lift Centrifugal Powing Well Jet Piston Rotary Other (describe): Rated Pump Capacity: / 0 Gallons Per Minute         Date Pump Installed: Rated Pump Capacity: / 0 Gallons Per Minute         bibmersible Turbine Air Lift Centrifugal Powing Well Jet Piston Rotary Other (describe): / 0 Gallons Per Minute         bibmersible Turbine Air Lift Centrifugal Replacement         Power Type (circle one)         Pump Test Data for Non Flowing Well         Date Well Tested: Het Matural Gas Tractor PTO Windmill Other (describe):         Pump Test Data for Non Flowing Well         Date Well Tested:	LUCECIALE, INS 395	NE 4 SW 4, Sec	85 T 35 R 7W
Pump Type (circle one)         Submersible Turbine Air Lift Centrifugal (Rowing Well) Jet Piston Rotary Other (describe):		Gill 10 Miles West	of Agricola
Submersible Turbine Air Lift Centrifugal Rowing Well Jet Piston Rotary Other (describe):	телерноне по. ( <u>ж</u> Ц) <u>171-</u> С	(Distance) (Direction)	(Nearest Town)
Date Pump Installed:			
Date Pump Installed:	Submersible Turbine Air Lift Centrifu	ngal Flowing Well Jet Piston Rotary Other (d	escribe):
Is This Pump (circle one): New Repaired Replacement Power Type (circle one)  Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):  Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>30 FT DP</u> feet Number of Stages:	Date Pump Installed:	Rated Pump Capacity:	/0 Gallons Per Minute
Power Type (circle one)         Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):			
Betting Depth: 30 FT DP feet Number of Stages:         Pump Test Data for Non Flowing Well         Date Well Tested:	· · · · · · · · · · · · · · · · · · ·		
Betting Depth: 30 FT DP feet Number of Stages:         Pump Test Data for Non Flowing Well         Date Well Tested:	Electric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other (describe):	
Pump Test Data for Non Flowing Well         Date Well Tested:       S=4-16       Duration of Pump Test (minimum 4 hours):      hours         Static Water Level (A):      Feet Below Land Surface       Pumping Water Level (B):      Feet Below Land Surface         Drawdown [(B) - (A)]:      Feet Below Land Surface       Test Pumping Rate:	Horse Power Rating of Motor: $\frac{3/4}{}$	Setting Depth: 30 FT DP feet Number	r of Stages:
Date Well Tested:       9-4-16       Duration of Pump Test (minimum 4 hours):			
Static Water Level (A):	Date Well Tested: 8-4-16	Pump rest Data for Non Flowing Well	5
Drawdown [(B) - (A)]:			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):         Pump Test Data for Flowing Well         Measured shut in head:			
Pump Test Data for Flowing Well         Measured shut in head:			
Measured shut in head:       12_feet.         Well yielded       40_GPM with a drawdown offeet afterhours of pumping         Meter Installation       Meter Installation         Weter Manufacturer:       N/A         Meter Serial Number:       Recent/000         Weter Model Number/Name:       Type of Meter:         Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):       BY OLLU         Installation Date:       Meter installed by:         Installation Date:       Meter installed by:         Installation Date:       New Repaired Replacement         Important:       By submitting the above information you are certifying that this meter was installed to manufacturer standards.         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       TACK Ridadell       0-472	Method of measurement (circle one): Ste		
Well yieldedGPM with a drawdown offeet afterhours of pumping         Meter Installation         Meter Manufacturer:N_A         Meter Serial Number:		Pump Test Data for Flowing Well	
Meter Installation       Recented         Meter Manufacturer:			
Meter Manufacturer:       N       A       Meter Serial Number:       SEP 02 ZUIG         Meter Model Number/Name:       Type of Meter:       SEP 02 ZUIG         Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.):       SEP 02 ZUIG         Installation Date:       Meter installed by:       SEP 02 ZUIG         Is This Meter (circle one):       New Repaired Replacement       Separation you are certifying that this meter was installed to manufacturer standards.         Important:       By submitting the above information you are certifying that this meter was installed to manufacturer standards.         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       Meter Series of the MDEQ website.         TACK Riddell       0-472       8-4-16       Meter Series of the MDEQ	Well yieldedGPM with a du	awdown of feet after7	hours of pumping
Meter Model Number/Name:		Meter Installation	DOCENUC
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.):	Meter Manufacturer:	NA Meter Serial Number: _	TTE VILLE
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):	Neter Model Number/Name:	Type of Meter:	SEP 02 LUIU
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. TACK Ridadell 0-472 8-4-16 meters was installed to manufacturer standards.			
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. TACK RIJAARI 0-472 8-4-16	-		BLOCH
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.         TACK Ridadell       0-472         8-4-16       0.00000000000000000000000000000000000		•	
For agricultural wells, a list of approved meters is on the MDEQ websue.         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.         TACK Ridadell 0-472         8-4-16	is This Meter (circle one): New Rep		-llad to many 6- duran de-danda
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       Jack Ridadell     0-472       8-4-16     3-474		formation you are certifying that this meter was inst- ral wells, a list of approved meters is on the MDEQ v	anea to manujacturer standaras. rebsite.
Jack Ridadell 0-472 8-4-16 Journal Mark	Innortante De schwitting the shows in		
	Important: By submitting the above inj For agricultur	ante am true to the best of my knowledge	
	Important: By submitting the above inj For agricultur		
	Important: By submitting the above inj For agricultu	8-4-16	Form: OLWR-SWR-1B (4/13)
	Important: By submitting the above inj For agricultur HEREBY CERTIFY that the above statem TACK Ridadell 0-472	8-4-16	Form: OLWR-SWR-1B (4/13)

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