	стате і	WELL REPORT	197
county: HATTISON	SIALL	Part 1	For Office Use Only:
	D	riller's Log	Well #: <u>C.423</u>
Permit : Matin Larubilsv		nent of Environmental Quality nd and Water Resources	Aquifer:
Driller WOT VUTET WEITS		.O. Box 2309	E-Log #:
Date drilling completed: 0-9-18		n, MS 39225-2309 501)961-5210	-
	•)360-0535 (fax)	
State Law requires that this report Department at the above address w	be prepared by the lithin 30 days of cor	license holder responsible for the second	he work and filed with the or borehole.
Well Owner Informati	on	Well or Bore	hole Location
(Landowner if borehole is not for		Latitude 30° 37' 59.34 Lor	ngitude: 088°03'.31.56"
Owner Name: Gene. Stenl	im		ୀ <u>୪</u> ୩
Mailing Address:	5 Road	Method of Lat/Long (check one	./
		USGS quad, Hand-held G	
Saucier Me City State			2 T.55 R//W
	Zip Code	<u>H'14</u> Miles <u>EAST</u> of (Distance) (Direction)	1 SAUCIERS
Telephone No. 228 342-5	552	(Distance) (Direction)	(Nearest Town)
	Well / R	orehole Data	
Date drilling started: 10-9-18 Date	drilling completed:	10-9-18 Hole depth: 190	FT Hole diameter: 2"
bate uniting started. <u>Fr. 170</u> bate	entering completeet	N/A	
Location of the source of any surface v	ater used for dritting	18: 10/1/ Imparing	Natilia Japliniubil
Method of dosing and volume of Chlori		. V	V *
Logs run (circle all applicable): No log r	un Electric Gam	na Ray Density Sonic Neutro	on Other:
Name of organization running log(s): _			<u> </u>
Purpose of borehole (circle one) Water	Well Geotechni	ical/Geological Investigation	Ground Source Heat Pump
Seism	ic Survey Other	(describe)	
If drilling is not rel	ated to water well c	onstruction, skip the remainde	r of this block
Purpose of Well (circle all applicable):	Home Industrial	Public Supply Irrigation	Fish Culture
Other (describe):			
If a flowing well, method of flow regul	ation: Valve	Other (describe)	
Static Water Level:fee	t [above or below (circle one)	v] land surface Date measure	rd: <u>10-9-18</u>
Method of measurement (circle one):			
Well depth: <u>190 F</u> Well grouted to a	depth of: <u>10</u>	feet Type of grout (circle one)	
Casing length: <u>80</u> feet 0	asing diameter:	inches Type of	casing: <u>PVC</u>
	Screen diameter:	/ /	f screen: \underline{PVC}
Screen slot size: <u>1006</u> inches			
Type of completion (circle all applicab	le): Gravel packed	Underreamed Open hole	Natural Development
Other (describe):			
Top of lap pipe or reduction in casing			
If teleso	coped or more than	one screen, describe on next p	age

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

County: _	AKRISON
Permit #:	

For Office Use Only:

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

Andowner Name: Gene Stenum andowner Name: Gene Stenum HEREBY CERTFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable andowner Name: Gene Stenum HEREBY CERTFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable applicable, and state laws. The Riddell O.475 The Riddell O.455 T	If well telescopes, show (<u>depths on sketch.</u>	Description of Formations Encountered	From (<i>depth</i>)	To (depth)
Anowner Name: <u>Gene Stenum</u> HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable andowner Name: <u>Gene Stenum</u> HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable applicable, and state laws. TUL Riddet laws. TUL	Ground Level) Corpany
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nore than one screen, show location of each on sketch more than one screen, show location of each on sketch index and include the following: i) the well location BerrHeL Road A BerrHe BerrH				60	35
The moves have the set of the well/borehole was drilled, constructed, and completed in accordance with all applicable applicable applicable applicable applicable and state laws. The Kind Action Solution of Rebonsible License No. Date Date Date			Gray Medium Sand	35	155
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andowner Name: <u>GENE Stenum</u> HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable equirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulation applicable, and state laws. <u>Tack Ridadell</u> 0-472 10-10-18 Finature of Responsible Licensee and License No. Date	 any permanent struct any roads, power line 	es, or other items that may aid in	l locating the property and the well	Â.	
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	Jack Klagdell		10-10-18	1 Will	v
	rint Name of Responsib	le Licensee and License No.	Date Signat		R-SWR-1A (A)
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STATE	WELL REPORT	
County: HALTISON	Part 2	For Office Use Only:
Mississippi Depa	Iller's Completion Report Artment of Environmental Quality	Well #: <u>(2423</u>
United a bigger Office of	Land and Water Resources P.O. Box 2309	
	kson, 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 w	ater well contractor or a licensed pu	mp installer. A copy of Part 1
of the report must be attached and both parts filed with the Well Owner information		ocation
Dwner Name: Gene Stenum		ngitude: 088 03/31.56
Aailing Address: _SUCCESS Road		•
	USGS quad, Hand-held G	
saucier Ms 39574		Z T 55 R /100
City State Zip Code		f SAUCIER
Felephone No. (228) 392-5552	(Distance) (Direction)	(Nearest Town)
· · · · · · · · · · · · · · · · · · ·	Type (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing W	ell Jet Piston Rotary Other (de	escribe):
Date Pump Installed: 10-12-18	Rated Pump Capacity:7	Gallons Per Minut
s This Pump (circle one): New Repaired Replace	ment	
Power	Type (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO		
	Windmill Other (describe):	_
Pump Test D	Depth: <u>140 FT DP_feet</u> Number ata for Non Flowing Well	r of Stages: <u>3</u>
Pump Test Date Well Tested: <u>10 - 12 - 18</u> Date Well Tested: <u>115</u> Feet Below Land Surf Static Water Level (A): <u>115</u> Feet Below Land Surf Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Method of measurement (<i>circle one</i>): Steel tape Electr	Depth: 140 FT DP feet Number ata for Non Flowing Well Duration of Pump Test (mining ace Pumping Water Level (B): surface Test Pumping Rate: ic tape Air Line Other (describe):	num 4 hours): hours N/A Feet Below Land Surface Gallons Per Minute
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Pump Test Da Date Well Tested: [O - 12 - 18] Static Water Level (A): Feet Below Land Surf Drawdown [(B) - (A)]: N/A Feet Below Land Method of measurement (circle one): Steel tape Electr Pump Test Measured shut in head:feet. Well yielded GPM with a drawdown of Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, Installation Date: Meter installed Is This Meter (circle one): New Repaired Replace Important: By submitting the above information you a For agricultural wells, a list o	Depth: 140 FT DP feet Number ata for Non Flowing Well Duration of Pump Test (mining Duration of Pump Test (mining Duration of Pump Test (mining face Pumping Water Level (B): Surface Test Pumping Rate:	num 4 hours):hours N/A Feet Below Land Surface Gallons Per Minute hours of pumping
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Pump Test Da Date Well Tested:	Depth: 140 FT DP feet Number ata for Non Flowing Well Duration of Pump Test (minin ace Pumping Water Level (B): Surface Test Pumping Rate: ic tape Air line Other (describe): Data for Flowing Well N/A	num 4 hours):hours N/A Feet Below Land Surface Gallons Per Minute hours of pumping
Pump Test Da Date Well Tested: [O - 12 - 18] Static Water Level (A): Feet Below Land Surf Drawdown [(B) - (A)]: N/A Feet Below Land Method of measurement (circle one): Steel tape Electr Pump Test Measured shut in head:feet. Well yielded GPM with a drawdown of Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, Installation Date: Meter installed Is This Meter (circle one): New Repaired Replace Important: By submitting the above information you a For agricultural wells, a list o	Depth: 140 FT DP feet Number ata for Non Flowing Well Duration of Pump Test (minin ace Pumping Water Level (B): Surface Test Pumping Rate: ic tape Air line Other (describe): Data for Flowing Well N/A	num 4 hours):hours N/A Feet Below Land Surface Gallons Per Minute hours of pumping