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county: Hatrison
Permit #: Driller Cost Water Well SVC
Date drilling completed: 1-31-19

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)

Office Use Only:
CARL

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.

Department at the Louis Control of the Louis Contro	
Well Owner Information	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 30°38′ 264′ Congitude: 081°27′ 24.54″
Owner Name: Tacoma Construction	37.1 89-03-23.68
Mailing Address: 1314 Bethel Road	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Soucier Mr 39574	NWSE SENE W, Sec 2 T 55 55 R NW
City State Zip Code	5 Miles EAST of SAUCSER IIW
Telephone No. 238 207-10415	(Distance) (Direction) (Nearest Town)
Telephone No. 600 00 1-10 115	(Distance)
	Jorehole Data
Date drilling started: 1-3-19 Date drilling completed:	1-31-19 Hole depth: 85 FT Hole diameter: 2"
t	ng: N/A
Location of the source of any surface water used for driving	and development: Lgal Per 1000 Drilling Agal in well
Method of dosing and volume of Chlorine used in drilling a	and development:
Logs run (circle all applicable): No log run Electric Gami	ma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle oper): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump
•	(describe)
	construction, skip the remainder 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 regulation: Valve	Other (describe)
Static Water Level:	1 21 10
Static water Level:	m junio surface Date incusared.
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
	feet Type of grout (circle one): Neat Cement Bentonite Mix
1	
Casing length:feet	O.I.
Screen length:feet	inches Type of screen:
Screen slot size: <u>· OOC</u> inches Setting depti	h: From
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development
Other (describe):	·
Top of lap pipe or reduction in casing: NA feet	L
	n one screen, describe on next page

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

County: 4017 (30 N) Permit #:		For Office Use Only: Well #:		
The sketch below only required for water wells	Description of formations en and boreholes, unless specifi	countered must be provided cally exempted by regulation	l for all wells ns	
If well telescopes, show depths on sketch.	Description of Formations Enco		To (depth)	
Ground Level	TOP SOIL	Ground level	20	
	Garge Coarse	1 40	85	
If more than one screen, show location of each on sket Sketch the property layout and include the following:	ach			
1) the well location 2) any permanent structures on the property that is 3) any roads, power lines, or other items that may 4) north arrow	啊		RECEIVED.	
·	BETHE	L BAO		
	R	Ywell	BYOLVER	
·	Ses ses			
Landowner Name: JACOMA CONST	ruction &			
I HEREBY CERTIFY that the well/borehole was dr requirements of the Mississippi Department of Er if applicable, and state laws.	illed, constructed, and completed invironmental Quality and the Mississ	n accordance with all appl sippi Department of Health	icable regulations,	
Tack Ridgaell 0-472 Print Name of Responsible Licensee and License	No. Date	Signature of Licensee		
		¥Form: OLWF	I-SWR-1A (4/13)	

STATE WELL REPORT

County: Harrison

Date completed:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:	;
Well #:	-
Aquifer:	

Copy information from block on Part 1 (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 Longitude: Method of Lat/Long (check one): Conventional Survey Mailing Address: Hand-held GPS V . Survey-grade GPS USGS guad MWSE Zip Code (Nearest Town) (Direction) (Distance) Telephone No. Pump Type (circle one) Centrifugal Flowing Well Jet Piston Rotary Other (describe): Rated Pump Capacity: ___ Date Pump Installed: Is This Pump (circle one):/ Repaired Replacement Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): 40 FT DP feet Number of Stages: Setting Depth: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: A Feet Below Land Surface Pumping Water Level (B): _ Static Water Level (A): Feet Below Land Surface Feet Below Land Surface Gallons Per Minute Test Pumping Rate: _ 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: __ _feet. hours of pumping Well yielded GPM with a drawdown of feet after Meter Installation Meter Serial Number: Meter Manufacturer: _ Type of Meter:____ Meter Model Number/Name: __ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____ Meter installed by: _ Installation Date: ___ Repaired Replacement Is This Meter (circle one): New 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 sta	atements are true to the	best of my	knowledge	<u> </u>
Jack Ridadell	0472	alıl	19	\
Print Name of Pump Installer and Lie		Date	<i>\(</i>	Sj

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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