· State W	ell Report	
	Priller's Log	For Office Use Only:
Mississippi Donortmon	t of Environmental Quality	Aquifer:
	Office of Land and Water Resources	
	Sox 10631	Well#: H (J)
7 1 1 340K30H, IV	IS 39289-0631	L. S. Elevation:
	961-5210 4-6938 (fax)	E-log #:
(001)55	1 0950 (tax)	
State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp		
Information on Well Owner	Owner Well or Borel	
(Landowner if borehole is not for a water well)	Latinutar 25 0 36 7 Y	Longitude: 88° 58, 21. 25
Owner Name Stevie Goylart	Lantude: 30	Longitude. 58 3 h 2/1
^	Method of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address: 1417 Jim Bird Pal	11000	ond comment on to one
		GP9, Survey-grade GPS
	NW/ Sty'salvis	= Twn 65 Rng 10 W
City State Zip Code	D:	No. and Towns
City State Zip Code	Distance Direction 3.1 Miles W-S+	of Riloxies
Telephone No. (228) 860 - 2202	- Ivines W J.	0. <u>- </u>
Well / Bore		
Date drilling started: 6-27-16 Date drilling completed: 6-2	8-16 Hole depth:	Hole diameter:
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and deve	U watar	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground	I Source Heat Pump
Seismic Survey Other (describe)	
If drilling is not related to water well construction	n, skip the remainder of this bl	ock
Purpose of Well (check one): Home / Industrial Public Supply	Irrigation Fish Culture	Other:
	·	
If a flowing well, method of flow regulation: Valve C	ther (describe) Back	wash value
Static Water Level:feet above or below (circle one)	and surface Date measured:	6-29-16
Method of Measurement (circle one)	air line other:	
Well depth: <u>UGO</u> Well grouted to a depth of <u>IO</u> feet Type		
Casing length: 460 feet Casing diameter: 472		
Screen length: 20 feet Screen diameter: 2		*
Screen slot size:	•	
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development
Other (describe):		

220

Top of lap pipe or reduction in casing: _

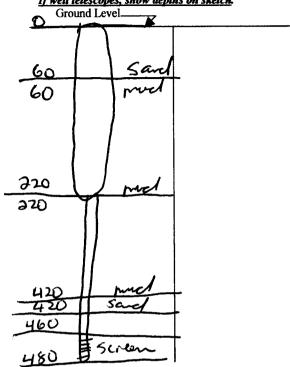
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NWYL

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

From (depth)	To (depth)
Ground Level	
0	60
60	420
420	480
	1
	· ·
	<u> </u>
	<u> </u>
	From (depth) Ground Level O 6.0 4.20

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any paid in locating the well; 3) any roads, power lines, or other items that 4) a north arrow.	permanent structures on the transparent	e property that may operty and the well;
Acas Joseph P	J. Well	tree English
	1	V
Landowner Name: 5 tev. e Goy Grt		Form: OLWR-SWR-14

I 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

MWS.

Michael Minil Statioz37 7/11/10

my

Received

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

JUL 2 5 2016

STATE WELL DEPORT

	ELL REI ON I
County.	Part 2 For Office Use Only:
	's Completion Report int of Environmental Quality Aquifer:
Office of Land	and Water Resources
Talaan	Box 10631 MS 39289-0631 Well #: Well #:
ligte completed: /)961-5210
Copy information from block on Part 1 (601)3	54-6938 (fax) Elevation:
This part of the report must be completed by a licensed water well	contractor or a licensed nump installer. A conv of Part 1 of the
report must be attached and both parts filed with the Department	
Well Owner Information	Well Location
Owner Name: Stevie Goylart	Latitude: 30 29 26.24 Longitude: 88 58 21.25
Mailing Address: 14171 Jim bird Rol	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	
City State Zip Code	Distance Direction Nearest Town
Telephone No. (778) 860 - 2202	3.1 Miles Dest of B; loyie
Pump Type	Power Type
Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: <u>6-29-16</u>	Setting Depth: 120 feet
Rated Pump Capacity: 26 Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested: 6-29-16	Circle one
<u>_</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): Feet Below Land Surface	
Pumping Water Level (B): 120 Feet Below Land Surface	Other (specify):
Orawdown [(B) – (A)]: 120 Feet Below Land Surface	For flowing well, measured shut in head:feet
Fest Pumping Rate: Gallons Per Minute	Well yielded SO GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	10 feet after 4 hours of pumping
HEREBY CERTIFY that the above statements are true to the best	of my knowledge. Rece
A LIAM AL MACA . CL	
MUNUL MULLI SULL 0239 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR