		TATE Y	WELL REPORT $ $							
County: \bot	arrison	į	Part 1	For Office Use Only:						
Permit#:	1		riller's Log	Well #: _H673						
Driller U	istilater Dells	Mississippi Departi Office of La	ment of Environmental Quality on and Water Resources	Aquifer:						
	completed: <u>1-19-18</u>	T F	P.O. Box 2309	E-Log #:						
Date drilling	completed: 1-11 13		on, MS 39225-2309 601)961-5210							
(601)360-0535 (fax)										
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.										
	Well Owner Informa	tion	Well or Bore	hole Location						
1	owner if borehole is not fo		Latitude: 30 31 50.88 Lor	ngitude(<u>088° 55′ 57.(2′′</u>						
· •	ne: <u>Luke Deroue</u> dress: <u>Cole Road</u>	<u> </u>		e): Conventional Survey,						
Mailing Ad	diess: <u>Livion recet</u>		USGS quad, Hand-held GPS, Survey-grade GPS							
1271.	C* 10 - 50 C*	20	5W1 5WV1 SOF	7 / T 65 R 9WV						
City	$\frac{1}{2}$ $\frac{1}$	Zip Code	1	1						
1 '	No. (228) 860-92		(Distance) (Direction)	(Nearest Town)						
Telephone	No. (NO.) 0400 10		(Discurce) (Discussion)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	1 4 2 1 2 1	Well / E	Borehole Data	of all						
1	Date drilling started: 7-19-18 Date drilling completed: 7-19-18 Hole depth: 207 Hole diameter: 0									
1 .	Location of the source of any surface water used for drilling:									
Method of	Method of dosing and volume of Chlorine used in drilling and development:									
Logs run (circle all applicable): No log run Electric Gamma 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										
Seismic Survey Other (describe)										
If drilling is not related to water well construction, skip the remainder of this block										
Purpose o	f Well (circle all applicable)	Home Industrial	Public Supply Irrigation	Fish CONCECEIVED						
Other (de	scribe):			JUL 2 5 2018						
If a flowin	ng well, method of flow reg	ulation: Valve	Other (describe)	The Marian						
Static Water Level:feet [above_or_below] land surface Date measured:										
	Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):									
Well dept	Well depth 201 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix									
Casing length: 212 feet Casing diameter: 2 inches Type of casing: PUC										
Screen length: 15 feet Screen diameter:inches Type of screen:										
1	Screen slot size:									
	ompletion (circle all applica	ble): Gravel packed	Underreamed Open hole	Natural Development						
Other (de	scribe):									

___feet

If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: ________

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

County: HARRISON		•	For	Office Use	Only:	
County. Tives						
Permit #:	· · · · · · · · · · · · · · · · · · ·	•	Well #:	#:		
		D			for all walls	
The sketch below only re	quired for water wells	Description of formations of and boreholes, unless speci	ifically exemp	nusi ve provincu ited by regulatio	<u>ns</u>	
f well telescopes, show a	<u>lepths on sketch.</u>	Description of Formations End	countered .	From (depth)	To (depth)	
Ground Level		Top Soil	.ountered	Ground level	2.	
		prange clay		2	25	
			Sand	25	60	
•	•	Blueclay W/streaks	ofsand	leo	100	
		Gray Coarse Sa	nd	100	150	
	,	Blueclay		150	209	
,		Gray Coarse Sa	nd.	209	227	
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:	•					
•	• ,					
If more than one screen, sho	w location of each on sketch			<u> </u>		
ketch the property layout ar	nd include the following:		<u> </u>		1	
1) the well location		F	RECEI	VED	\ 1	
	ures on the property that may a	aid in locating the well	ell		. }	
2) any permanent struct	e or other items that may aid	n locating the property and the w			1 1	
2) any permanent struct3) any roads, power line4) north arrow	s, or other items that may aid	n locating the property and the w	"JUL 25	2018		
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3) any roads, power line 4) north arrow andowner Name: LUK	Serouen	Judge Fourthing	BY OL	WR St house	cable	
andowner Name: Luk	So or other items that may aid in the state of the state	Jurge Fourthing	BY OL	WR St house	cable regulations,	

STATE WELL REPORT

Date completed:

County:

Permit #

Driller 2005

Copy information from block on Part

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: Aquifer:

(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 Location Well Owner Information 0-88" Longitude: <u>088</u> uke Derouer Owner Name: L Method of Lat/Long (check one): Conventional Survey_ Mailing Address: Hand-held GPS USGS quad Zip Code D'Iberville Telephone No. (Nearest Town) (Distance) (Direction) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): __ Date Pump Installed: _7-20-18 Rated Pump Capacity: __ **Gallons Per Minute** Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: GOFT DP 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): Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Test Pumping Rate: **Gallons Per Minute** 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: Well vielded GPM with a drawdown of hours of pumping feet after Meter Installation A-Meter Serial Number Meter Manufacturer: __ Meter Model Number/Name: _ Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):__ 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.								
Jack Ridadell 0-472	7-20-18	July tudelin						
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer						

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