STATE WELL REPORT

County: Hinds Permit #: Driller: Will Barlow

Date drilling completed:

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)961-5555

(601)961-5228 (fax)

For Office Use Only:				
Well #: _	180			
Aquifer: _				
E-Log #: _				

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 Information	Well or Borehole Location				
(Landowner if borehole is not for a water well)	Latitude: 3220 43.1 Longitude: 90 3925.5-60				
Owner Name: /aron Lo 799ns	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 105 Maudedth LN	USGS quad, Hand-held GPS, Survey-grade GPS				
Clinton MS	SE 1/4 SE 1/4, Sec 24 T 16N R 5 E				
City State Zip Code	3 Miles W of Educard S.				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Well / B	orehole Data				
Date drilling started: $\frac{7 - i0 - \int S}{1}$ Date drilling completed:					
Location of the source of any surface water used for drilling	ng: Public Supply				
Method of dosing and volume of Chlorine used in drilling a	nd development:				
Logs run (check all applicable):	na Ray Density Sonic Neutron Other:				
Name of organization running log(s):	C Geology				
Purpose of borehole (check one): Water Well Geotechni	ical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other ((describe)	\Box			
Purpose of Well (check all applicable): X Home Industrial Public Supply Irrigation Fish Culture					
Other (describe):		NF			
If a flowing well, method of flow regulation: Valve	Other (describe)				
Other (describe): If a flowing well, method of flow regulation: Valve Other (describe) 8 Y O					
Method of measurement (check one) Steel tape Electric tape Dair line Other (describe):					
Well depth: 173 Well grouted to a depth of: 60 feet Type of grout (check one) Neat Cement Bentonite Mix					
Casing length: 155' feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC					
Screen slot size: 1000 inches Setting depth: From 155 feet to 165 feet					
Type of completion (check all applicable) ravel packed Underreamed Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet					
If telescoped or more than one screen, describe on next page					

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

ermit #:	Wel	For Office U	· · · · · · · · · · · · · · · · · · ·
e sketch below only required for water wells	Description of formations encount		
well telescopes, show depths on sketch.	and boreholes, unless specifically	exempted by regu	<u>lations</u>
· · · · · · · · · · · · · · · · · · ·	Description of Formations Encountered	ed From (<i>dept</i>	h) To (depth)
ound Level	Brown loam	Ground lev	
	Chan Clas	6	50
	Kind Stone	50	85
	SA-val	85	105
	Gray Clay	105	155
	SAnd	155	165
	SAND & Clas Stree	K) 165	200
ì			
			
nore than one screen, show location of each on sketch			
ch the property layout and include the following:			<u> </u>
on the property tayout and include the following: 1) the well location			1-05
2) any permanent structures on the property that may aid	d in locating the well		1 REUE
supply roads nower lines or other items that may aid in	locating the property and the well		1
4) north arrow		Λ) SEP U
) :	1-20 J	y SEF U

Landowner Name: Acron Loggens

I HEREBY 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 laws.

Armord Fincher J. Bab. Signature of Licensee

Form: OLWR-SWR-18 (4/13)

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STATE WELL REPORT

Part 2

County: HIND **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Driller: W Date completed:

Copy information from block on Part 1

Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:			
Well #:			
Aquifer:			

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 Well Location**

Owner Name: Agron Loggan S	Latitude: 32 2043,1 Congitude: 90 39 25,5 W				
Mailing Address: 105 Manded+hLiN	Method of Lat/Long (check one): Conventional Survey,				
44.6	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	<u>SE 14 SE 14, Sec 24 T 16 N R S E</u>				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pumo Tur					
Pump Type (check <i>one</i>) Submersible ☑Turbine ☐Air Lift ☐Centrifugal ☐Flowing Well ☐Jet☐Piston ☐Rotary ☐bther (<i>describe</i>):					
	Rated Pump Capacity:Gallons Per Minute				
Is This Pump (check one): New Repaired Replacement					
· · · · · · · · · · · · · · · · · · ·	pe (check one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wind					
Horse Power Rating of Motor: Setting Depth: feet Number of Stages:					
Pump Test Data 1	for Non Flowing Well				
Date Well Tested: 8-4-18 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): 80 Feet Below Land Surface				
Drawdown [(B) - (A)]: 75 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute					
Method of measurement (check one): Steel tape Electric tape Air line Other (describe):					
Pump Test Dat	a for Flowing Well				
Measured shut in head:feet.	ML onta				
Well yieldedGPM with a drawdown of	a for Flowing Well feet after hours of pumping SEP 0 2018				
Meter Installation Meter Serial Number: Meter Serial Number:					
Meter Manufacturer:	Meter Serial Number:				
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 (check 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. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)