	STATE V	WELL REPORT			
Sounty: Jackson	SIAIE	Part 1	For Office Use Only:		
Permit #:	Driller's Log		Well #:		
Driller: Mast Water Wellsuc	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Date drilling completed: 8-23-16	P.O. Box 2309		E-Log #:		
Date dritting completed: 2 1/2 19	Jackson, MS 39225-2309 (601)961-5210				
	•)360-0535 (fax)			
State Law requires that this report Department at the above address w	be prepared by the drithin 30 days of con	license holder responsible for the signification of drilling of the well to	he work and filed with the or borehole.		
Well Owner Informati	ion	Well or Bore	hole Location		
(Landowner if borehole is not for		Latitude: 304130.84 Lor	ngitude: 088°45′45.54″		
Owner Name: <u>Stevesmith</u>		Method of Lat/Long (check one	e): Conventional Survey,		
Mailing Address: 24203 Bilbo Raad		, i	PS, Survey-grade GPS		
			ù à		
Vancleave, Ms 3	9565	· · _	2317 45 R 86		
City State	Zip Code	. —	of Varicheron		
Telephone No. (208) 990 - 8	886	(Distance) (Direction)	(Nearest Town)		
Date drilling started: 8-19-10 Date Location of the source of any surface of Method of dosing and volume of Chloric Logs run (circle all applicable): No log of the source	water used for drilling a	ng: N/A nd development: AI Per	1000Drilling Abalinwell		
Name of organization running log(s):					
Purpose of borehole (circle one): Water	r Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump		
1	Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of the light of the li					
Purpose of Well (circle all applicable):	Home Industrial	Public Supply Irrigation	Fish Culture SEP 0 2 2016		
Other (describe):			SVOIME		
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 90 feet [above or below] land surface Date measured: 8-23-16					
Method of measurement (circle one):					
Well depth: Well grouted to a depth of: LO feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: 240 (Casing diameter: 44 X 211 inches Type of casing: PVC					
Casing length: Type of casing: Type of casing:					

Setting depth: From_

Underreamed

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

Screen length: 20

Other (describe):_

Type of completion (circle all applicable): Gravel packed

Top of lap pipe or reduction in casing: 240

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

Natural Development

Open hole

	County: Jackson		For Office Use Only:
•	Permit #:		Well #: <u>A 63</u>
	The sketch below only required for water wells	Description of formations of and boreholes, unless spec	encountered must be provided for all wells Afficially exempted by regulations
	If well telescopes, show depths on sketch.		
	Ground Level	Description of Formations En	countered From (depth) To (depth) Ground level
		Topsoil	O'OGA' CATE
	S-cana	pranae clay	5 75
	1 JOHN	Orange Coarse	Sand SO 63
	1 11		. 00. 574
	480	Gray Coarse, Sa	
	245' 4" PUC JUE - 4x2 puc	Stay Coarses Sa	10 11 910
	in puc		
	well casing was pre	•	
	bock casing put - you pre swepge coup		
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	ell casing	a •	
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Wale of			
_ /	1-2"puc sch 80		
20'	-2 po-1		
651	or well screen B BACKUMS	hue -	
•	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 permanent structures on the property that may 3) any roads, power lines, or other items that may aid	y aid in locating the well	rell
	4) north arrow	المعالمة	Received
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	5	\ \	(N) /.5°
			/25
i			N /
	Landowner Name: Steve Smith		\
	I HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Envir	d, constructed, and completed	in accordance with all applicable ssippi Department of Health regulations.
	if applicable, and state laws.	omnemat Quarty and the Missi	T.P. Separation of Francis i Samurions,
	-101111	alout) Ollie
	Jack Klagdell U-412	8/24/16	June Kingster
	Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
		//	Form: OLWR-SWR-1A (4/1.

STATE WELL REPORT

County: Permit 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 #: <u>A163</u>				
Acuitos				
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** Well Location **と**Longitude: *V*851 Method of Lat/Long (check one): Conyentional Survey_ Mailing Address: Survey-grade GPS_ USGS quad , Hand-held GPS_\ Zip Code NORTH Telephone No. 🖂 💥 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): ___ ____Gallons Per Minute Date Pump Installed: 1 Rated Pump Capacity: _____ Is This Pump (circle one) Repaired Replacement Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): __ Setting Depth: 60 FT BP feet Number of Stages: Horse Power Rating of Motor: **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum, 4 hours): __ Date Well Tested: Feet Below Land Surface Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): __/\/ Test Pumping Rate: ___ **Gallons Per Minute** _Feet Below Land Surface 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: __ _GPM with a drawdown of hours of pumping Well yielded feet after **Meter Installation** Meter Serial Number: Meter Manufacturer: Meter Model Number/Name: Type of Meter:_ SEP U 2 2016 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_ Meter installed by: _ Installation Date: __ 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 CERTIFX that the above statements are true to the best of my knowledge.				
Tack Ridgell 0-472- 8/29/16	Jan Ringder			
Print Name of Pump Installer and License No. (if applicable) Date	Signature of Pump Installer			
	Form: OLWR-SWR-1B (4/13			