STATE WELL REPORT					
county: Tackson		Part 1	For Office Use Only:		
Permit #:	Driller's Log		well #: <u>C158</u>		
priller Coot Water Well Svc	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
	P.O. Box 2309		E-Log #:		
Date drilling completed: $8-13-15$		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 Informati	ion	Well or Bore	hole Location		
(Landowner if borehole is not for		Latitude 35 41 47.76" Lor	ngitude: 088 321 40.56		
Owner Name: Necare Well	Services	,			
Mailing Address:			e): Conventional Survey,		
Matthig Addiess.		USGŞ quad, Hand-held G	PS, Survey-grade GPS		
1 11 201	IFO	STATE IL SE IL SOC	PS V, Survey-grade GPS		
Lucedale, ms 391	Zip Code		t t		
City State	•	(Distance) (Direction)	(Nearest Town)		
Telephone No. (28) 833-10	<u>a </u>	(Distance) (Direction)	(Neurest Town)		
Well / Borehole Data Date drilling started: 8-11-15 Date drilling completed: 8-13-15 Hole depth: 255 FHole diameter: 4" 42"					
Location of the source of any surface v	vater used for drilli	ng: <u>N/A</u>			
Method of dosing and volume of Chlorine used in drilling and development: 9al par 1000 Drilling 2gal in well					
Logs run (circle all applicable): No log I	run Electric Gam	ma Ray Density Sonic Neutro	on 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 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: 45 feet [above or below] land surface Date measured: 8-13-15					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Well depth: 355 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: 140 K feet Casing diameter: 4" inches Type of casing:					
Screen length: 8 feet Screen diameter: 2 inches Type of screen:					
Screen slot size: 4000 inches Setting depth: From 227 feet to 235 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe):			9FF 77F		

_feet

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

Top of lap pipe or reduction in casing: 140

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

County:		For Office Use Only: Well #: 158
The sketch below only required for water wells		encountered must be provided for all wells
If well telescopes, show depths on sketch.	ana porenoles, unless spec	cifically exempted by regulations
Ground Level	Description of Formations En	ncountered From (depth) To (depth) Ground level
	Top soil	32 Sand 2 10
() Justin	Blue A lay Gray Coarses	3and 227 235
grand - 140 Ar And Company - 140 Ar And Company - 140 Ar And Company Ar And Company		
Tilo, nutre or		
1401 company		
De Surger		
V-412 Pro		
	1	
2/4 the Measure		
1 2 4 10 1		*
1		
المار معصوف من المراد الم		
1 6 color 00/		
If more than one screen, show location of each on sketch		
Sketch the property layout and include the following:		· .
1) the well location	d da la antina tida wall	
any permanent structurer on the property that may all 3) any roads, power lipes, or other items that may aid in	i in locating the well locating the property and the v	well
4) north arrow		
	a .	- de la R
	UN NAMED PO.	2 miles up Polkrown Po.
	Flore Huy 6	3
. /		
· \		
/		
		94 (20)
well House J-BRAGER BARN		
Landowner Name: NeCats Well Setvice		
I HEREBY CERTIFY that the well/borehole was drilled, or requirements of the Mississippi Department of Environment if applicable, and state laws.	constructed, and completed nental Quality and the Missi	d in accordance with all applicable issippi Department of Health regulations,
Tock Ridgdel 0-472 Print Name of Responsible Licensee and License No.	/17/15 Date	Signature of Licensee
Time name of responsione electises and electise no.	- Duit	Form: OLWR-SWR-1A (4/13

STATE WELL REPORT

Permit/#: Driller OOH WHEN WELLSVC. Date completed: 8-13-15

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 (601) 360-0535 (fax)

For Office Use Only:	
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 Location Well Owner Information Owner Name: Newaise WLII Services 76 Longitude:0883246 Method of Lat/Long (check one): Conventional Survey_ Mailing Address: USGS guad_____, Hand-held GPS____/_, Survey-grade GPS_ Zip Code (Direction) (Nearest Town) (Distance) Telephone No. 🕊 Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): ____ Gallons Per Minute Date Pump Installed: New Repaired Replacement Is This Pump (circle one): Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): __ Setting Depth: 80 FT Defeet Number of Stages: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): ____5 Date Well Tested: Pumping Water Level (B): N A Feet Below Land Surface Static Water Level (A): _ Feet Below Land Surface _ Gallons Per Minute Test Pumping Rate: Feet Below Land Surface Drawdown [(B) - (A)]: Pump Test Data for Flowing Well Measured shut in head: _ feet. feet after hours of pumping GPM with a drawdown of Well vielded **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):_____ Installation Date: ___ Meter installed by: __ 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 statements are true to the best of my know	ledge.
Jank Ridadel 0-472 8/27/13	5 Jamper Jeen
Print Name of Pump Installer and License No. (if applicable) Date	Signature of Pump Installer
	Form: OLWR-5WR-1B (4/13)