a 	1 STATE WELL REPORT		53					
County: _)ackion	Part 1		For Office Use Only:					
Permit #: 0-790	Driller's Log		Well #:					
Dritler: Joel !-	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:					
Date drilling completed: 10-1-18	1	P.O. Box 2309	E-Log #:					
Date drawing completed		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 Information		Well or Borehole Location						
(Landowner if borehole is not for a water well) Owner Name: <u>Advance Constituon</u>		Latitude: 30-42-2 Longitude: 88-33-36						
Mailing Address: 14 Punce	Rd	Method of Lat/Long (check one): Conventional Survey,						
		USGS quad, Hand-held GI						
Hunly ms 39562		Mod 5 1/2 Sec) 1/4, Sec /4 1 45 R LW						
City State Zip Code 4 Miles South of Warton, we								
Telephone No. (228)	718	(Distance) (Direction)	(Nearest [®] Town)					
	Well / B	orehole Data						
Date drilling started: $10 - 1 - 18$ Date drilling completed: $10 - 1 - 18$ Hole depth: 50 Hole diameter: 2								
Location of the source of any surface w	ater used for drillir	18: Aquela, UD						
Method of dosing and volume of Chlorine used in drilling and development: 2000 Wath 5gal Rlech								
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 Geotechnic	cal/Geological Investigation G	round 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 regula								
Static Water Level: 3feet [above or below] and surface Date measured: 10-1-18								
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):								
Well depth: 50 Well grouted to a c	lepth of: 10 fe	et Type of grout (circle one): N	leat Cement Bentonite Mix					
Casing length: <u>40</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Pleaster</u>								
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Plastic								
Screen slot size: 10 inches Setting depth: From 0 feet to 50 feet								
Type of completion (circle all applicable), Gravel 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								

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

· STATE WELL REPORT								
County: ackor		Part 2	For Office Use Only:					
Permit #: 0- 780		r's Completion Report	Well #: _ C. 17 2					
Driller: Joel Veul		nent of Environmental Quality nd and Water Resources	weu #:					
Date completed: 10-1-19		.O. Box 2309 n, MS 39225-2309	Aquifer:					
Copy information from block on Part 1		601)961-5210						
(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							
Owner Name: <u>AaMauora</u>	outlin	Latitude: <u>30 - 42 - 2</u> Lon						
Mailing Address: 114 Fine R	<u>~</u>	Method of Lat/Long (check one						
	USGS quad, Hand-held GPS, Survey-grade GPS							
Hwly WO City State	39562 140 5 1/4 200 14, Sec 14 T 45 R 6W							
Tolophane No. 128 990 - 3	Zip Code 4 Miles Saith of Baiton ms							
Telephone No. (228) 990-378 [
Pump Type (circle one)								
Submersible Turbine Air Lift Centrifu								
Date Pump Installed: 10-1-18 Rated Pump Capacity: 10 Gallons Per Minute								
Is This Pump (circle one): Rep								
		pe (circle one)						
Electric Diesel Gasoline Natural Gas	Tractor PTO Win	dmill Other (<i>describe</i>):	2					
Horse Power Rating of Motor:	Setting Dept	h: Zo X Luckfeet Number	of Stages:					
	Pump Test Data	for Non Flowing Well						
Date Well Tested: $10 - 1 - 12$	5	Duration of Pump Test (minim	um 4 hours): <u>48</u> hours					
Static Water Level (A): Feet	Below Land Surface	Pumping Water Level (B):	20 Feet Below Land Surface					
Drawdown [(B) - (A)]:	eet Below Land Surf	ace Test Pumping Rate:	Gallons Per Minute					
Method of measurement (circle one): Sta	el tape Electric ta	pe Air line Other (describe): _						
	Pump Test Dat	a for Flowing Well						
Measured shut in head:feet.								
Well yieldedGPM with a d	rawdown of	feet after	hours of pumping					
Meter Installation								
Meter Manufacturer:		Meter Serial Number:						
Meter Model Number/Name:	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								
Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer								

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

County: <u>Jackhon</u> Permit #: <u>0-780</u>		For Office Use Only: Well #:		
The sketch below only required for water wells	L <u>Description of formations enco</u> and boreholes, unless specifica			
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encoun		n (<i>depth</i>) und level	To (depth)
	hand		0	50
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 aid 3) any roads, power lines, or other items that may aid in 4) north arrow	t in cocating the well locating the property and the well	3 Gout	U.	
	· DEII			· · ·
5			H	nd a
gue		- ole	Anne	
Pol	KTown Rd			
Landowner Name: Malana Cousti	tion	Nort	l	
I HEREBY CERTIFY that the well/borehole was drilled, correquirements of the Mississippi Department of Environmif applicable, and state laws.	onstructed, and completed in ac ental Quality and the Mississippi \bigcap_	cordance with Department	n all applica of Health re	able egulations,
Print Name of Responsible Licensee and License No.	10-1-18 00 Date	Signature of Li	icensee	•

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