	STATE WELL REPORT					
County: Jackson	Part 1	For Office Use Only:				
Permit #:	Driller's Log	Well #:DA13				
Driller: Coof Water Well SVC.	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:				
	P.O. Box 2309	E-Log #:				
Date drilling completed: 428-17	Jackson, 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 Informat	ion Well or Bo	rehole Location				
(Landowner if borehole is not for	Latitude: 3040'2,34 L	ongitude: <u>088° 30′ 47.46″</u>				
Owner Name: Archie ROW	i i i i i i i i i i i i i i i i i i i	ne): Conventional Survey,				
Mailing Address: 22325 E	IAS PROBITORI	GPS, Survey-grade GPS				
	USGS quad, Hand-neto	GPS, Survey-grade GPS				
Moschint Ms 395	562 SE 14 SE 14, See	30/1 45 R 5 W				
City State	Zip Code //2 Miles NW	of Hunley (Nearest Town)				
Telephone No. (<u>288)</u> <u>1223-4</u>	5767 (Distance) (Direction)	(Neardst Town)				
	Well / Borehole Data	0"				
Date drilling started: 4-27-17 Date drilling completed: 4-38-17 Hole depth: 400 FTHole diameter:						
Location of the source of any surface water used for drilling:						
Method of dosing and volume of Chlorine used in drilling and development: Gal Per 1000 Drilling agaliawel						
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) MAY 25 2017						
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: 4-28-17 (circle one)						
Method of measurement (circle one):	Steel tape Electric tape Air line Other (describ	be):				
	a depth of: 10 feet Type of grout (circle or					
Casing length: 390_feet		of casing: PVC				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC						
Screen slot size: <u>a OO4</u> inches Setting depth: From <u>390</u> feet to <u>400</u> feet						
Type of completion (circle all application)	ble): Gravel packed Underreamed Open ho	ole (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)

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County: Jacks	County: Jackson		For	Office Use	Only:
Permit #:		Well #: <u>DA13</u>			
•	required for water wells	Description of formations enco and boreholes, unless specifica	ountered m ally exempt	ust be provide ed by regulation	ed for all wells ons
If well telescopes, show	depths on sketch.	Description of Formations Encoun	ntered .	From (<i>depth</i>)	To (depth)
Ground Level		Topsoil		Ground level	2
		White Coarsesan	<i>a</i>	2	30
		Blue Clay	}	20	330
		Gray Medium Salla	!	الكون ا	tu
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Sketch the property layout 1) the well location	now location of each on sketch and include the following:	id to location the well			
Sketch the property layout 1) the well location 2) any permanent structure.	and include the following:		Pe ROAT	REC MAY, BY (EIVED 25 2017 OLWR
Sketch the property layout 1) the well location 2) any permanent stru 3) any roads, power lir 4) north arrow	and include the following: ctures on the property that may a les, or other items that may aid in	Remington Avaley was		REC MAY BY	, 25 2017 OLWR
Sketch the property layout 1) the well location 2) any permanent strue 3) any roads, power line 4) north arrow Landowner Name: Arrow I HEREBY CERTIFY that the requirements of the Missif applicable, and state Jack Ridad	and include the following: ctures on the property that may a les, or other items that may aid in	id in locating the well to locating the property and the well Remingrou	accordance pi Departm	REC MAY BY	, 25 2017 OLWR

STATE WELL REPORT

County: Jackson Permit #: Driller MS Water WellsVo Date completed: 4 - 38-17 Copy information from block on Part 1 This part of the report must be completed of the report must be attached and both part 1

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 #:	D413			
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 Longitude: Method of Lat/Long (check one): Conventional Survey . Hand-held GPS V. Survey-grade GPS USGS guad Telephone No. ((Distance) (Direction) (Nearest Town) Pump Type (circle one) Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe) Submersible Turbine Date Pump Installed: 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: 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:** Pumping Water Level (B): A Feet Below Land Surface Feet Below Land Surface Static Water Level (A): **Test Pumping Rate: Gallons Per Minute** Drawdown [(B) - (A)]: Feet Below Land Surface Method of measurement (circle one): Steel tape Electric tape Air line bther (describe): Pump Test Data for Flowing Well Measured shut in head: Well yielded GPM with a drawdown of feet after hours of pumping 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):____ 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 CERTIFY that the above statements are true to the best of my knowledge.				
Jack Ridadell 0-472	5/1/17	Jack Roples		
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Unstaller		
,		Form: OLWR-SWR-1B (4/13		