#### STATE WELL REPORT

## County: Jackson Permit #: Driller: Mich Date drilling completed: 5-14-2021

**Well Owner Information** 

(Landowner if borehole is not for a water well)

3

# 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 O	ffice Use Only:
Well #: _	D 484
Aquifer: _	18
E-Log #: _	

**Well or Borehole Location** 

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.

County:Permit #:			r Office Use	
The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations and boreholes, unless spec			
	Description of Formations En	countered	From (depth)	To (depth)
Ground Level	Topsand		Ground level	8
	Sand		8	15
	Clay		18	21
	Sand		31	72
			NED	
If more than one screen, show location of each on sketch		RECE	201	
if more than one screen, show location of each on sketch		MOD .	112	
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  4) north arrow	in locating the property and the v			Bun
Orive Way	171401	المراجعة الم	and of	~~~
\$ a		1	1.	~~~
Colem mc Sta			House	L'WE -
0		Tra Co	1	1-
H. I		41	- House	1
Hwy GIY House			Well !	n
019	Wooden	1		Shid
	Alla		Funce	
andowner Name: Dessiree Lennes				
HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Enviro f applicable, and state laws.	, constructed, and completed nmental Quality and the Missi	in accordancessippi Depart	ce with all applic	cable regulations,
Middle S. Havard 0-673	5-16-2021	and C	) Hot	
rint Name of Responsible Licensee and License No.	Date	Signatur	re of Licensee Form: OLWR-	CWD 1D (4)

#### STATE WELL REPORT

### County: \_ Permit #: Driller: M Date completed: 5-15-20 21 Copy information from block on 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 O	ffice Use Only:
Well #: _	D 484
Aquifer: _	

This part of the report must be completed by a licensed water	er well contractor or a licensed pump installer. A copy of Part 1				
	Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Dessire Lennep	Latitude: 30°39′0,64″ Longitude: 88°27′59.67″ Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 8725 Coleman Homestead					
	USGS quad, Hand-held GPS, Survey-grade GPS				
with mc.	1 ( ( DI TILL DE)				
Moss Point MS.  City State Zip Code					
Telephone No. (228) 219 - 9664	1.75 Miles East of Lucley (Distance) (Direction) (Nearest Town)				
	ype (check one)				
Submersible arurbine Air Lift □ Centrifugal □ Flowing Well	□Jet Piston Rotary Other (describe):				
Date Pump Installed: 5-15-2621	Rated Pump Capacity: Gallons Per Minute				
Is This Pump (check one): New Repaired Replacement	등 가는 것 같아. 하는 사람들은 가득하는 것이 없는 사람들이 얼마나 되었다.				
	ype (check one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wi	indmill Dother (describe):				
Horse Power Rating of Motor: Setting Dep					
Tiolse rower Racing of Motor Setting be	pui:ieet Nulliber of Stages:				
	a for Non Flowing Well				
Date Well Tested: 8-15-2021	Duration of Pump Test (minimum 4 hours):hours				
H ( )	e Pumping Water Level (B): 30 Feet Below Land Surface				
	rrface Test Pumping Rate: 25 Gallons Per Minute				
Method of measurement (check one): Steel tape Electric	tape Air line Other (describe):				
Pump Test Data for Flowing Well					
Measured shut in head:feet.	AUG 23 2021				
Well yieldedGPM with a drawdown of	feet after hours of pumping				
	-V/71 W/P-				
Meter	Installation				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	al x 1000, etc):				
Installation Date: Meter installed by:					
Is This Meter (check one): New Repaired Replacem					
Important: By submitting the above information you are of for agricultural wells, a list of a	certifying that this meter was installed to manufacturer standards. pproved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the	he best of my knowledge.				
	1 . 1 / /				

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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

