STATE V	WELL REPORT	- 0 - V 0 - V				
county: Jackson	Part 1	For Office Use Only:				
1 D	riller's Log	Well #: <u>E213</u>				
Driller Oost Water URISUC Mississippi Depart	ment of Environmental Quality and Water Resources	Aquifer:				
1	2.O. Box 2309 on, MS 39225-2309	E-Log #:				
	601)961-5210					
•	1)360-0535 (fax)					
State Law requires that this report be prepared by the Department at the above address within 30 days of co	mpletion of ariting of the well	or ovienois.				
Well Owner Information	Well Owner Information Well or Borehole Location					
(Landowner if borehole is not for a water well)	Latitude: 03865.44 Lor	ngitude: VS 44' Ko, AO				
Owner Name: Mark Read Mailing Address: White Road		e): Conventional Survey,				
Mailing Address: VVIIIC LICE	USGS quad, nand-neto d					
Vancleave, Ms 39565	58 14 NG 14, Sec_	1 T 5.5 R BW				
City State Zip Code	8 Miles NNW	of Vandeau				
Telephone No. (601) 508 - 9289	(Distance) (Direction)	(Nearest Town)				
Well / I	Borehole Data					
Date drilling started: 5-19-15 Date drilling completed: 5-19-15 Hole depth: 90 FT Hole diameter: 2						
Location of the source of any surface water used for drill	ing: NA	1 milion 2000 in 181				
Method of dosing and volume of Chlorine used in drilling and development: 1 gal ful 100.19 111119 and the control of the contr						
Logs run (circle all applicable: No log run Electric Gamma Ray Density Sonic Neutron Other:						
Name of organization running log(s):	Name of organization running log(s):					
Purpose of borehole (circle of e): 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 JUN 1.5. 2015						
Purpose of Well (circle all applicable): Home Industria	l Public Supply Irrigation	Fish Culture BY: OLW				
Other (describe):						
If a flowing well, method of flow regulation: Valve Other (describe)						
· · · · · · · · · · · · · · · · · · ·	land surface Date measur	1				
Method of measurement (circle one): Steel tape Electri	c tape Air line Other (describ	e):				
Well depth: 90 F Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cemen Bentonite Mix						
Casing length: SO feet Casing diameter: 2 inches Type of casing: PUC						
Screen length: 10 feet Screen diameter: 3 inches Type of screen: 10 feet to 70 feet						
Screen slot size:						
Type of completion (circle all applicable): Gravel packet	I Underreamed Open hol	Hatulat Development				
Other (describe):						

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

Top of lap pipe or reduction in casing: NA feet

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

County: JCACASIA				For Office U	se Only:	
Permit #:			We	u#: E 212	3	
		Description of form	L	tered must be near	ided for all wells	
The sketch below only requ		and boreholes, unli	ss specifically	exempted by regul	ations	
If well telescopes, show dep Ground Level	ins on skeich.	Description of Forma	tions Encounter			
Gloding Level		Topsoil	lav	Ground leve	* 2	
		Blue Clai	1.1	1 50	75	
		Gray Med	ilunus	and 75	90	
		1			·	
·						
	• .					
If more than one screen, show	location of each on sketch	<u> </u>				
Sketch the property layout and	include the following:					
the well location any permanent structure	s on the property that may ai	d in locating the well	السب حجاء است			
3) any roads, power lines, (4) north arrow	or other items that may aid in	tocating the property a	ind the wett	N /		
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	<u> </u>		1-04			
			Hive No M	,	RECE	VED
	\	W	Kis-		JUN I.A	2015
	*				JA, M. J. W	4 013
	tree!	\			BY: O	WA
•	•	É		A		
				1		
				\mathbb{A}		
Landowner Name: Mat	K Reed					
HEREBY CERTIFY that the requirements of the Mississ	well/borehole was drilled,	constructed, and co	mpleted in acc	cordance with all a	applicable	
requirements of the Mississ if applicable, and state law	ippi Department of Environ 's.	mental Quality and t	ne Mississippi	veparument or ne	atur regulations,	
Tack Ridadell	0.472	5/19/15		Refere	_	
Print Name of Responsible	Licensee and License No.	Date	15	signatude of Licens	ee LWR-SWR-1A (4/13)	,
THE PARTY OF TRANSPORTER			\mathcal{U}	rorm: U	"LHU-JHL-IH (41 13)	,

STATE WELL REPORT

County: () (1 Permit / Date completed: 5-

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 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 44" (Longitude: 088°44 Owner Name: [Y] Ar Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS guad Hand-held GPS 🗸 . Survey-grade GPS (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Date Pump Installed: 7-10-15 Rated Pump Capacity: Gallons Per Minute Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): ___ Setting Depth: 60 FT DP feet Number of Stages: Horse Power Rating of Motor: **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum 4 hours): 41/2 hours Date Well Tested: 7-10-15 Pumping Water Level (B): NA Feet Below Land Surface Static Water Level (A): _30 Feet Below Land Surface 8.5 Gallons Per Minute Test Pumping Rate: ____ Drawdown [(B) - (A)]: _ Feet Below Land Surface Method of measurement (circle one): Steel tape | Electric tape | Air line | Other (describe): Pump Test Data for Flowing Well Measured shut in head: ___ hours of pumping GPM with a drawdown of Well vielded feet after 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):____ Meter installed by: __ Installation Date: ___ Is This Meter (circle one): 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.			ECHIVE
Jack Ridadell 0-472	7-10-15	Jack	Roffee	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of	Pump Installe	
			Form: OLWR-S	WR-1B (4/13)