county: Jackson
Permit #: Driller: WST WATER WELLSRY.
Date drilling completed: 519-14

Well Owner Information

### STATE WELL REPORT

## 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)961-5210 (601)360-0535 (fax)

For Office Use Only: Aquifer: E-Log #: \_

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 or Borehole Location

(Landowner if borehole is not for a water well)	Latitude: 334'22.44 "Longitude: 088'43' 17.94"					
Owner Name: SICK ATV SCOTT BEID	Method of Lat/Long (check one): Conventional Survey,					
Mailing Address: HWY 57						
	USGS quad, Hand-held GPS, Survey-grade GPS					
Vancleave, MS 39565 City State Zip Code	NW 1/2 NE 1/4, Sec 31 T 5 5 R 7 W					
· · · · ·	3 1/2 Miles NW of Vancleave (Distance) (Direction) (Nearest Town)					
Telephone No. (208) 307-6757	(Distance) (Direction) (Nearest Town)					
Well / B	orehole Dața					
Date drilling started: 5-19-14 Date drilling completed:	5-19-14 Hole depth: 117 FT Hole diameter: 2					
Location of the source of any surface water used for drilli	ng: NA					
Method of dosing and volume of Chlorine used in drilling a	nd development: 19al per 1000 Drilling agalin well					
Logs run (circle all applicable) No log run Electric Gamr	na Ray Density Sonic Neutron Other:					
Name of organization running log(s):						
Purpose of borehole (circle one): Water Well Geotechni	ical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other	(describe)					
If drilling is not related to water well c	onstruction, skip the remainder of this block					
A military or a many familiary and the majority of the majorit	Public Supply Irrigation Fish Culture					
Other (describe): OFFICE, RISTroom						
If a flowing well, method of flow regulation: Valve	Other (describe)					
Static Water Level: 40feet [above_orbelow] land surface Date measured: 5-19-14						
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):					
Well depth: TWell grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 107feet Casing diameter:	inches Type of casing:					
Screen length:feet	inches Type of screen:					
Screen slot size:inches Setting depth	: Fromfeet tofeet					
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development					
Other (describe):						
Top of lap pipe or reduction in casing:feet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
If telescoped or more than	one screen, describe on next page  Form: OLWR-SWR-1A (4/13)					

County: TACKSC	<u> </u>		For	Office Use	Only:
The sketch below only requ	uired for water wells	Description of formation: and boreholes, unless spe	s encountered n	ust be provide	d for all wells
lf well telescopes, show des	pths on sketch.			iea dy regulalio	<u>ins</u>
Ground Level		Description of Formations E	incountered	From (depth)	To (depth)
STOURN ECTEN		TOPSOIL		Ground level	<u></u>
		grange clay	<u></u>	9	15
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If more than one screen, show	Location of each on elector				
n more man one sereen, show	IOCALION OF CACALON SACRCA		•		
ketch the property layout and 1) the well location 2) any permanent structure 3) any roads, power lines, 4) north arrow	es on the property that may	in locating the property and the	well	(	
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		1		,	1
	ATV S	map		3 8-11	_
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	ATV S	well Ju	onspea Daw	e? felling	9 4ills Di-
	ATV S	Livell Ju	owspea Dasv	e? felling	9 4ills Di-
	ATV S	well H	No pea Darvi	e? fulling	5 Hills Di-
	ATV S	well H	onspea Dain	e? follow	5 4ills Di-
	ATV S	well H	owspea Dasu	e? Polling	5 Hills Di
	ATV S	well H	owspea Dasv	e? Pellin	9 4ills Di
	ATV S	well H	PART DASH	e? Pellin	5 Hills Di-
	ATV S	well H	Nopea Dass	e? Polling	5 4ills Di-
	ATV S	well H	Part	e? Polling	5 Hills Di
andowner Name: Sick		well H	Part Dark	2 Pellin	9 41/s D
HEREBY CERTIFY that the veguirements of the Mississing	ATV / SCOT	well H			. 7. C
	ATV / SCOT well/borehole was drilled ppi Department of Enviro s. 0-472	Heid H	d in accordance issippi Departn		. 7. C

#### STATE WELL REPORT

# County: Jackson Permit Date completed:

## 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 #:	
Aquifer:	

Copy information from block on Part (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 1of 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 Longitude: **(288** 43' Owner Name: 9 Method of Lat/Long (check one): Conventional Survey Mailing Address: USGS quad Hand-held GPS\_ V Survey-grade GPS Zip Code (Direction) (Nearest Town) Telephone No. (Distance) Pump Type (circle one) Centrifugal Flowing Well (Jet ) Piston Rotary Other (describe): \_\_\_ Submersible Turbine Date Pump Installed: Rated Pump Capacity: \_\_\_\_ Gallons Per Minute Is This Pump (circle one): Repaired Replacement Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: LOOFT DP Horse Power Rating of Motor: feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested:  $\bot$ Duration of Pump Test (minimum,4 hours): Pumping Water Level (B): NA Feet Below Land Surface Static Water Level (A): Feet Below Land Surface 8.5 Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: \_ **Gallons Per Minute** Method of measurement (circle one): Steel tape Electric tape Air line) Other (describe): Pump Test Data for Flowing Well Measured shut in head: \_ GPM with a drawdown of Well yielded feet after hours of pumping **Meter Installation** Meter Manufacturer: Meter Serial Number: \_\_ Meter Model Number/Name: Type of Meter:\_ Totalizer Register Unit and Multiplier Factor (AF x .001 Agal/x) 000. etc): Meter installed by: Installation Date: \_ Is This Meter (circle one): Repaired Replacement New Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

best of my knowledg	e		
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4/25/14	Jud	Kilguage CI	
Date	Signature o	f Punip Installer	-144-
		Form: OLWR-SWR-	1B (4/13)
	6/25/14	best of my knowledge.	6/25/14 Jus Rilghate C

For agricultural wells, a list of approved meters is on the MDEQ website.