	STATE V	WELL REPORT	
ounty: JACKSON		Part 1	For Office Use Only: Well #: 496
ermit #:	D	riller's Log ment of Environmental Quality	
miller MSHILLater DELISU	Office of Lai	nd and Water Resources	Aquifer:
Date drilling completed: 316-15		.O. Box 2309 m, MS 39225-2309	E-Log #:
	I ((501)961-5210	
	•)360-0535 (fax)	the week and filed with the
State Law requires that this report Department at the above address w	be prepared by the within 30 days of con	license holder responsible for a negative set of the sell of the s	or borehole.
Well Owner Informat	ion	Well or Bor	ehole Location
(Landowner if borehole is not for	a water well)	Latitude: 0356.54 Lo	ngitude 18838 35.10"
Owner Name: <u>Anthony</u> B		Method of Lat/Long (check on	e): Conventional Survey,
Mailing Address: 10883EVE	retterid		GPS, Survey-grade GPS
Vancleave, MS:	39565		25 T 55 R 7W
City State	Zip Code	41/2 Miles NE	of Vanclessue
Telephone No. (931) 622 - 5	5658	(Distance) (Direction)	(Nearest Town)
	Wall / R	orehole Data	
Date drilling started. 3-16-15 Date			SFTHole diameter: a''
Location of the source of any surface		11.	· · · · · · · · · · · · · · · · · · ·
			110 million Dealin well
Method of dosing and volume of Chlor			V ·
Logs run (circle all applicable) No log	Electric Gam	na Ray Density Sonic Neuti	ron Other:
Name of organization running log(s):			······································
Name of organization running log(s): Purpose of borehole (<i>circle one</i> : Wate	r Well Geotechni	ical/Geological Investigation	Ground Source Heat Pump
Purpose of borehole (circle one: Wate		ical/Geological Investigation (describe)	Ground Source Heat Pump
Purpose of borehole (<i>circle one</i> : Wate Seisr	nic Survey Other	(describe)	
Purpose of borehole (circle one): Wate Seisr If drilling is not re	nic Survey Other	(describe) onstruction, skip the remainde	
Purpose of borehole (circle one: Wate Seisr If drilling is not re Purpose of Well (circle all applicable)	nic Survey Other	(describe) onstruction, skip the remainde	er of this block
Purpose of borehole (circle one: Wate Seisr If drilling is not re Purpose of Well (circle all applicable) Other (describe):	nic Survey Other lated to water well c Home Industrial	(describe) onstruction, skip the remainded Public Supply Irrigation	er of this block
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Purpose of borehole (circle one: Wate Seisr If drilling is not re Purpose of Well (circle all applicable) Other (describe): If a flowing well, method of flow regu	nic Survey Other lated to water well c Home Industrial	(describe) construction, skip the remainded Public Supply Irrigation Other (describe)	er of this block
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Purpose of borehole (circle one: Water Seisr If drilling is not re Purpose of Well (circle all applicable) Other (describe): If a flowing well, method of flow regu Static Water Level:fee Method of measurement (circle one): Well depth:feet Casing length:feet Screen length:feet Screen slot size:feet Screen slot size:feet Type of completion (circle all applicated Other (describe):	hic Survey Other lated to water well of Home Industrial lation: Valve et [above of below (circle one) Steel tape Electric a depth of:O Casing diameter: Screen diameter: s Setting depth ole): Gravel packed	(describe) onstruction, skip the remainded Public Supply Irrigation Other (describe) land surface Date measure tape Air line Other (describe feet Type of grout (circle one inches Type of inches Type of inches Type of inches Type of inches Type of inches Type of	er of this block Fish Culture ed: $3-16-15$ ed: $3-16-15$ e): Neat Cement Bentonite Mix f casing: PVC of screen: PVC to OB feet
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County: Jackson
Permit #:

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Fe	or Office Use Only:
Well #:	F494

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

	December of Competings Engewatered	From (depth)	To (depth)
round Level	Description of Formations Encountered	Ground level	
K	- TopSoil	2	
	Drange mrse. Sand		-20-
		/ >	
	Orange, May	- 70	- 130
	pluector	00	6/8
	Gray mediums to Course. Sond	178	aus
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more than one screen, show location of each on sket	ch L		
tch the property layout and include the following:	· .	•	
 the well location any permanent structures on the property that n any roads, power lines, or other items that may north arrow 	aid in locating the property and the well		
 2) any permanent structures on the property that m 3) any roads, power lines, or other items that may 4) north arrow 	aid in locating the property and the well		
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STATE W	ELL REPORT				
County: JACKSCO	Part 2 For Office Use Only:				
A sacululater Illell Silc. Mississippi Departr	mit #: Pump Installer's Completion Report Mississippi Department of Environmental Quality Well #: FLI 9 LC				
	P.O. Box 2309				
Jackso	Jackson, MS 37223-2307				
	601)961-5210				
) 360-0535 (fax)				
of the report must be attached and both parts filed with the L	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 Owner Name: ANHONY Brune	Well Location Latitude: <u>088° 38' 35.10</u> "				
Mailing Address: 1688.3 Everette Blud.	Method of Lat/Long (check one): Conventional Survey,				
	USGS guad, Hand-held GPS, Survey-grade GPS				
Vancleave, Ms 39565 City State Zip Code	NW4 NE 1, Sec 25 T 55 R 7W				
City State Zip Code	41/2 Miles NE of Vancleave				
Telephone No. 931) 1022-5658	(Distance) (Direction) of (Nearest Town)				
Pump Ty	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet) Piston Rotary Other (describe):				
Date Pump Installed: 4-2-15	Rated Pump Capacity:9Gallons Per Minute				
Is This Pump (circle one) New Repaired Replacement	nt				
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):				
-	th: <u>a0'DP</u> feet Number of Stages: <u>3</u>				
norse rower wating of motor setting bept	n: <u>ICO PT</u> reet Number of Stages:				
Pump Test Data Date Well Tested: 4-2-15	for Non Flowing Well Duration of Pump Test (minimum 4 hours): hours				
	Pumping Water Level (B): <u>NA</u> Feet Below Land Surface				
Drawdown [(B) - (A)]: NA Feet Below Land Sur	Face Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape · Electric ta	Air line Other (describe):				
Pump Test Da	ta for Flowing Well				
Measured shut in head:feet.	NA				
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter	Installation				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	AType 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. Fot agricultural wells, a list of approved meters is on the MDEQ website.					
1 HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Tale Pilalall Auton					
I MOK KINDANLII UP4 12	4/7/15 Jack Kin Miles VII				
Print Name of Pump Installer and License No. (if applicable	9 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 <t< td=""></t<>				

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