County: Jackson
Permit #:
Date drilling completed: 4-1-15

Owner Name: _

Well Owner Information

(Landowner if borehole is not for a water well)

Tulene Johnson

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:	
Well #: F 518	
Aquifer:	
E-Log #:	

59.16 Longitude: 088° 46

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

Mailing Address: 16512 Lake Drive, Wist USGS quad, Hand-held GPS, Survey-grade GPS
Vancleave, Ms 39565 City State Zip Code Telephone No. (208 355-0184 Sw 1/4 NE 1/4, Sec 29 T 5 S R 7 W (Distance) (Direction) (Nearest Town)
Telephone No. (230 255 OTT
Well / Borehole Data Date drilling started: 4-1-15 Date drilling completed: 4-1-15 Hole depth 255 F Hole diameter: 21
Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development: Iguper 1000 Drilling agai well
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)
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: 80feet [above or below] land surface Date measured: 4-1-15
Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe):
Well depth: 255 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 245 feet Casing diameter:inches Type of casing:
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: • 000 inches Setting depth: From 245 feet to 255 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: NA feet APR 2 0 2015
If telescoped or more than one screen, describe on next page Form: POWR-SWRYIA (NY)
Louis boutes the factor

County: Jacks Permit #:	00			For	Office Use F51a	Only:		
The sketch below only rec		Description of and boreholes.	formations enc unless specific	ountered n ally exemp	ust be provided ted by regulation	d for all wells ons		
If well telescopes, show de	epihs on skeich.	Description of E	ormations Encou	nternd	From (depth)	To (depth)		
Ground Level		Description of P	I I	intereu	Ground level	10 (depth)		
		10K 20	1 (1 (1)			77		
		Orange	: Clay			40		
		brown	Coarte.	Sana	40	90		
		Blue.Cl	<u>av</u>		90	365		
		Graym	ediums	Syll I	235	255		
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If more than one screen, show	w location of each on sketch	<u> </u>	· · · · · · · · · · · · · · · · · · ·			J		
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow								
	. Chaire of	North N	_					
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	<i>\forall \forall \for</i>	/2	\ '	}	APR 2	- 0 - 2015		
	• /	I_{\perp}			1			
Landowner Name: JU	lene Johnso	n'			BY: ()LVIFE		
I HEREBY CERTIFY that the	well/borehole was drilled,	constructed, and	d completed in	accordanc	e with all appl	icable		
requirements of the Missis	sippi Department of Environ	mental Quality a	nd the Mississir	opi Departi	ment of Health	regulations,		
if applicable, and state la	ws.	1 1			1.			
Tack Oile 1	011 0 1170	4/2/15	<u> </u>	n. 11.	1 1			
JUCK KIDGOK	11 44/02	1/4/10		au /	your			
Print Name of Responsible	Licensee and License No.	Date	//	Signatur	of Licensee	R-SWR-1A (4/13)		
			//		rorm: ULWK	->**K-1A (4/ /3		

STATE WELL REPORT

County: JOCKSON Permit #: Driller COST WA TEY WELLS IT Date completed: 4-1-15 Copy information from block on Part 1

Part 2 Pump Installer's Completion Report

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 #: + DId
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 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 1¹59.16^Longitude: <u>088°49</u>12.18^G Owner Name: 👊 Method of Lat/Long (check one): Conventional Survey_ USGS quad_____, Hand-held GPS____, Survey-grade GPS__ JW 4 NF 4. Sec 29 Zip Code 31/2 Miles NORTH of VANCleave Telephone No. (228) 355 (Nearest Town) (Distance) (Direction) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 4-3-15 Rated Pump Capacity: _____ Is This Pump (circle one): Replacement EXISTING New Repaired Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): __ Electric) Horse Power Rating of Motor: Setting Depth: OFT. DP feet Number of Stages: **Pump Test Data for Non Flowing Well** Date Well Tested: 4-3-17 Duration of Pump Test (minimum 4 hours): __ Static Water Level (A): <u>80</u> Pumping Water Level (B): NA Feet Below Land Surface Feet Below Land Surface Test Pumping Rate: Gallons Per Minute _Feet Below Land Surface Drawdown [(B) - (A)]: ___ 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 hours of pumping Well yielded feet after Meter Installation 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):_____ 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.

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 knowle	edge.	
Jack Ridgell 0472	4/3/15	Que	p Ridden
Print Name of Pump Installer and License No. (if applicable)	/ Date	Signature of Pump Installer	
			Form: OLWR-SWR-18 (4/13)