mkson	STATE WELL REPORT	For Office Use Only:
county:	Driller's Log	Well #:
Permit # Mallher 11/10/08/	Mississippi Department of Environmental Qu Office of Land and Water Resources	Jality Aquifer:
riller WSTVWW VUISN	P.O. Box 2309	E-Log #:
Date drilling completed: $9 - 9 - 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1$	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report	t be prepared by the license holder responsible within 30 days of completion of drilling of the	e for the work and filed with the well or borehole.
Well Owner Informat	tion Well o	r Borehole Location
		D'Longitude: 088 25 17.04"
Owner Name: WILLOIDK	aaas 1	eck one): Conventional Survey,
Mailing Address: 1321 H	WYVIYI	
• •	USGS quad, Hand	held GPS, Survey-grade GPS
Mosspoint Ms	39512 SE 1 SE SV	i, sec_ <u>6v</u> _T_ <u>55</u> _R_ <u>4</u> w
City State	Zip Code 4/h Miles ES	E of Hester
Telephone No. 07 990-	8053 (Distance) (Direc	
	Well / Borehole Data	- 11
9.4.14	e drilling completed: <u>1-4-1</u> Hole depth:	62FT _{Hole diameter}
Location of the source of any surface	water used for drilling:	and a political 2 aplie will
Method of dosing and volume of Chlor	rine used in drilling and development: 1 gal	per tuesding a fut the
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): Wate	er Well Geotechnical/Geological Investigati	on Ground Source Heat Pump
Seis	mic Survey Other (describe)	
If drilling is not re	elated to water well construction, skip the ren	nainder of this block
Purpose of Well (circle all applicable)	Home Industrial Public Supply Irriga	tion Fish Culture
Other (describe):		
If a flowing well, method of flow reg	ulation: Valve Other (describe)	
-	et [above or below] and surface Date n	neasured: <u>9-4-14</u>
	(circle one)	
	: Steel tape Electric tape (Air line) Other (d	
Well depth: 100 Well grouted to	a depth of: 10 feet Type of grout (circ	cle one): Neat Cement Bentonite Mix
Casing length: <u>52</u> feet	Casing diameter:inches 1	Type of casing:
Screen length:	Screen diameter:inches	Type of screen:
Screen slot size:	50	_feet tofeet
Type of completion (circle all applica		en hole Natural Development
I CYLE DI CIMBRELLAN ILUCE OLI MANULO		
Other (<i>describe</i>): Top of lap pipe or reduction in casin	<u> </u>	34

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

County:	Jac	cson
Permit #	:	······

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Well #: H229

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

Ground Level		Description of Formations Encountered	From (depth) Ground level	To (depth
	······································	TOP SOIL		-st
		prangectay		-20
		prown Coarse Sand	30	Leid .
			-	
]	······································	+	
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		1		
If more than one screen, sho	w location of each on sketch			
 the well location any permanent struct 	ures on the property that may a	aid in locating the well n locating the property and the well	+ con	r Harr
 any permanent struct any roads, power line 	ures on the property that may a	aid in locating the well n locating the property and the well	+ conserved	r phase 1
 the well location any permanent struct any roads, power line 	ures on the property that may a	aid in locating the well n locating the property and the well	+ come	L Alexan
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 the well location any permanent struct any roads, power line 	cures on the property that may a s, or other items that may aid i	aid in locating the well n locating the property and the well	ture Torrest	
 the well location any permanent struct any roads, power line 	cures on the property that may a s, or other items that may aid i	aid in locating the well in locating the property and the well well		
1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow	tures on the property that may a sid is or other items that may aid i	aid in locating the well in locating the property and the well well ho	Anna SEP 336	
1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow	tures on the property that may a sid is or other items that may aid i	aid in locating the well n locating the property and the well well po	And SEP 1	
1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow 5 5 5 5 5 5 5 5 5 5 5 5 5	tures on the property that may a rs, or other items that may aid i the second	n locating the property and the well	e .	2010
1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7	e well/borebole was drilled,	n locating the property and the well	e .	201
1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow 5 5 5 5 5 5 5 5 5 5 5 5 5	e well/borebole was drilled,	aid in locating the well in locating the property and the Mississippi Depart	e .	201
1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7	tures on the property that may a ts, or other items that may aid i	n locating the property and the well	e .	201 3 201
1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow	tures on the property that may a ts, or other items that may aid i	n locating the property and the well	e .	201

Permit &		TE WELL REPORT	
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part of the report must be attacked and both perts filed with the Department at the above address within 36 days of well component of the report must be attacked and both perts filed with the Department at the above address within 36 days of well component of the report must be attacked and both perts filed with the Department at the above address within 36 days of well component of the report must be attacked and both perts filed with the Department at the above address within 36 days of well component of the report must be attacked and both perts filed with the Department at the above statements are true to the best of my knowledge. Owner Name: Will Under Information perturbation	Permit #: Driller Dist Wher Well SVC - Mississippi I Date completed:	nstaller's Completion Report Department of Environmental Quality te of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210	For Office Use Only: Well #: <u>H 221</u> Aquifer:
of the report must be attacked and beth pairs filed with the Department at the above address within 39 days of well coarsion Well Owner Information Well Location Owner Name: Will III III M SKAMGS Well Location Mailing Address: II 30.1 HWY 40.4 Latitude 30° 38'11-10'' Longitude: (BS° 32'17.10'') Mailing Address: II 30.1 HWY 40.4 Latitude 30° 38'11-10'' Longitude: (BS° 32'17.10'') Mailing Address: II 30.1 HWY 40.1 4 Latitude 30° 38'11-10'' Longitude: (BS° 32'17.10'') Mailing Address: II 30.1 HWY 40.1 4 Latitude 30° 38'11-10'' Longitude: (BS° 32'17.10'') Mailing Address: II 30.1 HWY 40.1 4 Latitude 30° 38'11-10'' Longitude: (BS° 32'17.10'') Mailing Address: II 30.1 HWY 40.1 4 Latitude 30° 38'11-10'' Longitude: (BS° 32'') Mailing Address: II 30.1 HWY 40.1 4 Latitude 30° 38'11-10'' Longitude: (BS° 32'') Mailing Address: II 30.1 HWY 40.1 4 Latitude 30° 38'11-10'' Longitude: (BS° 32'') Mailing Address: II 30.1 HWY 40.1 4 Latitude 30° 38'11-10'' Congitude: (BS° 32'') Mailing Address: State State Pump Type (clrcle one) Submersible Turbine Air Lift Centrifugal Flowing Well Pump Test Data for Non Flowing Well Date Pump Installed: 9'-30'-14 Duration of Pump Test (minimum 4 hours): 5 Static Water Level (A): 42 Feet Below Land Surface Pump Test	This part of the period must be completed by a license		m installer A com of Part 1
Owner Name: William Skaags Mailing Address: 11321 HWY (214 Mailing Address: 1142 Miles Mailing Addres 1	of the report must be attached and both parts filed wi	th the Department at the above address w	ithin 30 days of well completion
Mailing Address: 11321 HWY 1014 Method of Lat/Long (check one): Conventional Survey_ IT Model of Lat/Long (check one): Survey-grade GPS, Surve		Latitude 30° 38' 11.10" 100	pitude: 188°25' 17.04"
Image: State State Zip Code USGS quad			
Submersible Turbine Air Lift Centrifugal Flowing Well Let Piston Rotary Other (describe):	Mossfoint, Ms 39562 City State Zip C	USGS quad, Hand-held GF SE_14SE_SW ode 4^{\prime} Miles $E_{i}SE$ of	s, survey-grade GPS <u>6 < T_5S R_4W</u> HURPV
Date Pump Installed: 9-22-14 Rated Pump Capacity: 7.5 Gallons Per Is This Pump (clrcle one): New Repaired Replacement Power Type (clrcle one) Electric Diesel Gasotine Natural Gas Tractor PTO Windmill, Other (describe): Horse Power Rating of Motor: Image: Setting Depth: 48FT DP feet Number of Stages: 2 Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): 5 Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: Image: Setting Depth: Callons Per / Gallons Per / Method of measurement (clrcle one): Steet tape' Electric tape Air line Other (describe): Pump Test Data for Proving Well Measured shut in head:	Ри	Imp Type (circle one)	
Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):			
Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	Date Pump Installed: 9-22-14	Rated Pump Capacity:	7 - 5Gallons Per Minu
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):			·
Date Well Tested: 9-22-14 Duration of Pump Test (minimum 4 hours): 5 Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): MA Feet Below Land Surface Drawdown [(B) - (A)]: MA Feet Below Land Surface Test Pumping Rate: 8 Gallons Per / Method of measurement (circle one): Steel tape' Electric tape Air line Other (describe): 9 Method of measurement (circle one): Steel tape' Electric tape Air line Other (describe): 9 Method of measurement (circle one): Steel tape' Electric tape Air line Other (describe): 9 Metasured shut in head: feet. N/A Feet after hours of pumping Meter Manufacturer: Meter Installation Meter Installation Meter Meter:			~
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: Gallons Per / Method of measurement (circle one): Steel tape' Electric tape Air time) Other (describe):	Date Well Tested: 9-22-14	Duration of Pump Test (minim	
Method of measurement (circle one): Steel tape' Electric tape Air line Other (describe):			•
Pump Test Data for Flowing Well Measured shut in head:feet. feet afterhours of pumping Well yieldedGPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:	P	\sim	
Well yieldedGPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:			
Meter Manufacturer:		feet after	hours of pumping
Meter Model Number/Name:			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date:			
Installation Date:			
Is This Meter (circle one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer stand 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.			
Important: By submitting the above information you are certifying that this meter was installed to manufacturer stand For agricultural wells, a list of approved meters is on the MDEQ website.		-	
Trate Pile Juli AUTO abalul Ann	Invoctant. By submitting the above information v	on are certifying that this meter was insta	lled to manufacturer standards. ebsite.
Tark Ridadell AUTO glostil & Man	I HEREBY CERTIFY that the above statements are tr	rue to the best of my knowledge.	$\overline{)}$
Print Name of Pump lostaller and License No. (If applicable) Date Signature of Pump/listaller	Jack Ridgdell 0472	103/14 Sidna	Augh Riddell

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