County: JOURSON Permit A; Driller COST WATER WELLS RV Date drilling completed: 11-21-13	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	For Office Use Onl Well #: Aquifer: E-Log #:
State Law requires that this report Department at the above address v	(601)360-0535 (fax) be prepared by the license holder responsible for to within 30 days of completion of drilling of the well o	he work and filed with the or borehole.

Well Owner Information (Landowner if borehole is not for a water well) Latitude: 30°30' 28.14" Longitude: 088" Owner Name: Method of Lat/Long (check one): Conventional Survey , Survey-grade GPS USGS quad , Hand-held GPS 3 Telephone No. (208) 238 - 32.79 (Direction) (Nearest Town) (Distance) Well / Borehole Data Date drilling started: 11-20-13 Date drilling completed 11-21-13 Hole depth: 389 FT Hole diameter: Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: | alpur 1000 Drilling Logs run (circle all applicable) (No log run) Electric Gamma Ray Density Sonic Neutron Name of organization running log(s): **Ground Source Heat Pump** Geotechnical/Geological Investigation Purpose of borehole (circle one): Water Well Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block Industrial **Public Supply** Irrigation Fish Culture Purpose of Well (circle all applicable) Home Other (describe): If a flowing well, method of flow regulation: Valve_ __ Other (describe) feet [above or below] land surface (circle ene) Date measured: Static Water Level: Method of measurement (circle one): Steel tape Electric tape Air line bther (describe): Type of grout (circle one): Neat Cement Well depth: 181 F | Well grouted to a depth of: 10 feet Bentonite) Casing length: Type of casing: inches _feet Casing diameter: Type of screen: Screen diameter: inches Screen length: feet feet to Setting depth: From Screen slot size: __ Natural Development Type of completion (circle all applicable): Gravel packed Open hole Underreamed Other (describe):_ Top of lap pipe or reduction in casing: feet If telescoped or more than one screen, describe on next page

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

Use Only:

County: JUCKSON		For Office Use Only:
Permit #:		Well #: <u>7586</u>
The sketch below only required for water	r wells Description of formations of and bareholes unless special	encountered must be provided for all well ifically exempted by regulations
If well telescopes, show depths on sketch.		Totaley exemples by regulations
Ground Level	Description of Formations En	countered From (depth) To (depth) Ground level 2
Sideria zevet	700 Soil	Ground level
	Orange Clay	05 1 50 50
	The second secon	P.Sand 30 62 Sand 62 203
	Blue Clay	Sana 2003
	Gray Coarse Sa	1 371 349
	Blueclan	200 301
1	Grav Coarse So	and 351 389
	5.00	
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1		
If more than one screen, show location of each		
		•
Sketch the property layout and include the folio 1) the well location 2) any permanent structures on the proper 3) any roads, power lines, or other items the 4) north arrow	-	rell
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Landowner Name: Craia Davis	5	
Landowner Name: UIUIU DUVI		
I HEREBY CERTIFY that the well/borehole vequirements of the Mississippi Departmen if applicable, and state laws.	was drilled, constructed, and completed t of Environmental Quality and the Missis	in accordance with all applicable sippi Department of Health regulations,
Jack Ridadell 0-4	172 11/22/13	Jana Rithdell
Print Name of Responsible Licensee and Li	cense No. Date	Signature/of Licensee
		Form: OLWR-SWR-1A (4/1

STATE WELL REPORT

County: Jackson
Driller LOAST Water WEISK
Permit #: Driller: COSHWATER WEISE Date completed: 11-21-13
Copy information from block on Part 1
This part of the report must be complet of the report must be attached and both
Well Owner Informat

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 (601) 360-0535 (fax)

For Office Use Only:			
Well #:			
Aquifer:			

(601) 360-0535 (fax) d by a licensed water well contractor or a licensed pump installer. A copy of Part 1 parts filed with the Department at the above address within 30 days of well completion. Well Location 14" (Longitude 1088° 44' a Method of Lat/Long (check one): Conventional Survey_ USGS quad_____, Hand-held GPS___/, Survey-grade GPS_ NE 4 5W 4, Sec 24 T 65 R 8N Zip Code Miles WSW Telephone No. (Distance) (Direction) (Nearest Town) Pump Type (circle one) Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): ___ Rated Pump Capacity: _____ Date Pumo Installed: Is This Pump (circle one): Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Setting Depth/OPTDP _feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: _ Duration of Pump Test (minimum 4 hours): __ Pumping Water Level (B): NA Feet Below Land Surface Static Water Level (A): Feet Below Land Surface - 78 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: ____ Well yielded GPM with a drawdown of hours of pumping feet after **Meter Installation** Meter Manufacturer: _ Meter Serial Number: 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	heet of my k	nowledge
THE TENT CENTIL I WAS THE ABOVE SEATERIES ATE A DE CO DE	Descoring in	anomicuse:
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	けいけなけ	2 - L. W. Styllie
JockRidadell 0-472	はルンロ	3 July Rayelll
Print Name of Pump Listaller and License No. (if applicable)	Date	Signature of Pump Installer
I fill thathe of rumphistates and License No. (1) apparate)	vale	/ Jygnature or rump installer
		5 01140 CHD 40 444

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