STATE V	VELL REPORT			
County TOKSON	Part 1	For Office Use Only:		
	iller's Log	Well #: 5599		
Permit V: Mississippi Departr	riller's Log nent of Environmental Quality nd and Water Resources	Aquifer:		
Dritter votts	.O. Box 2309	E-Log #:		
	n, MS 39225-2309			
·	601)961-5210 )360-0535 (fax)			
State Law requires that this report be prepared by the	license holder responsible for t	he work and filed with the		
Department at the above address within 30 days of con Well Owner Information	Well or Bore	hole Location		
(Landowner if borehole is not for a water well)  Owner Name: Tohnson	Latitude 30 30 33.48 Longitude: 088 45 14.92"			
	Method of Lat/Long (check one	e): Conventional Survey,		
Mailing Address: Robert Walker RD,	USGS quad, Hand-held GPS/, Survey-grade GPS			
1/2 NEW NEW S 39545 SW NEW, Sec 23 T 65 R8W				
Incleave MS 39565 City State Zip Code	4   Miles   WSW (Direction)	of Vancheaue		
Telephone No. <u>Q28</u> ) <u>218-5011</u>	(Distance) (Direction)	(Nearest Town)		
Well / F	orehole Data			
Date drilling started: 8-24-15 Date drilling completed	2-24-15Hole depth: 200	FTHole diameter: 2"		
Date drilling started. D WIT 10	N/4			
Location of the source of any surface water used for drilling: NA				
Method of dosing and volume of Chlorine used in drilling and development:   Only   1000   Other:				
Logs run (circle all applicable). No log run Liecule manning run				
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: 80 feet [above or below] land surface Date measured: 8-24-15				
Method of measurement (circle one): Steel tape Electric tape (Air line other (describe):				
Well depth 200 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cemen Bentonite Mix				
Casing length: 190 feet Casing diameter: 2 inches Type of casing: PVC				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: 170 feet to 500 feet				
Screen slot size:inches				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole (Natural Development)				

If telescoped or more than one screen, describe on next page

Other (describe):\_

Top of lap pipe or reduction in casing: \_\_

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

County: Jackson  Permit #:				Well #:	Office Use	4.
The sketch below only required fo	er water wells	<u>Description of</u> and borehole	of formations end s. unless specific	countered n	nust be provided ted by regulation	i for all wells ons
If well telescopes, show depths on	sketch.		Formations Encou		From (depth)	To (depth)
Ground Level		TOP Soil			Ground level	2
		orange	Coarse	Sand	3	62
		Blue C	ay.	Sur	(e.3	160
		GrayCoar	secsand		600	300
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If more than one screen, show location	of each on sketch	<u> </u>				
Sketch the property layout and include	the following:		- <u>-</u>	· · · · · · · · · · · · · · · · · · ·		
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						
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<b>.</b>						1
Landowner Name: Now Joh	neon	ļ				1
I HEREBY CERTIFY that the well/bo requirements of the Mississippi Depif applicable, and state laws.	orehole was drilled, partment of Enviror	constructed, ar nmental Quality	nd completed in and the Mississi	accordance opi Departr	e with all appli nent of Health	cable regulations,
Jack Ridadell O	472	8/25/15	<u> </u>	ach	Ridde	
Print Name of Responsible Licensed	e and License No.	/ Date		/ Signature	of Licensee Form: OLWR	-SWR-1A (4/13)

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## STATE WELL REPORT

## County: Jalkson Permit #: Driller Cast Water Wellsvc Date completed: 8 - 1 - 15 Copy information from block on Part 1

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Indiana AS 20225 2200

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:				
Well #: 5599				
Aquifer:				

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Location Well Owner Information Latitude: 3030'33.46" Congitude: 08846 Tohnson Owner Name: Mailing Address: Kobe Method of Lat/Long (check one): Conventional Survey\_ USGS quad\_\_\_\_\_, Hand-held GPS\_\_/\_, Survey-grade GPS\_ SW & NEW Sec 23 T 65 R 9 W Zip Code WSW of Varchance (Distance) (Direction) (Nearest Town) Telephone No. 🕻 Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Gallons Per Minute Date Pump Installed: 8-25-15 Rated Pump Capacity: \_\_\_ Is This Pump (circle one): Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_ Setting Depth: 40FT DP \_feet Number of Stages: Horse Power Rating of Motor: **Pump Test Data for Non Flowing Well** Date Well Tested: 8-25-15 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_ Pumping Water Level (B): NA Feet Below Land Surface Static Water Level (A): Feet Below Land Surface 9.5 \_ Gallons Per Minute Test Pumping Rate: \_\_ Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_ Pump Test Data for Flewing Well Measured shut in head: \_\_\_ feet. GPM with a drawdown of hours of pumping Well yielded \_ feet after **Meter Installation** Meter Serial Number: Meter Manufacturer: Type of Meter: Meter Model Number/Name: \_\_\_ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):\_\_\_\_\_ Meter installed by: \_\_\_ 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 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 knowledge.					
Tack Ridadell 0-472	8/25/15	Jansterflere			
Print Name of Pump Installer and License No. (If applicable)	Date	Signature of Pump/Installer			
	<del></del>	Form: OLWR-SWR-1B (4) 13			