STAT	<b>FE WELL REPORT</b>		
Ankeon	Part 1	For Office Use Only:	
County.	Driller's Log	Well #: 5608	
	epartment of Environmental Quality	Aquifer:	
Driller OAST WATER WEISVC Office	of Land and Water Resources P.O. Box 2309	E-Log #:	
Date drilling completed: 10-22-15	Jackson, MS 39225-2309	L-Log #	
	(601)961-5210		
	(601)360-0535 (fax)		
State Law requires that this report be prepared b Department at the above address within 30 days	of completion of arunny of the wear		
Well Owner Information	BC 32 30 19 Well or Bor	ehole Location 33 7 / 2000	
(Landowner if borehole is not for a water well) Owner Name: MATCUS THOMAS		ngitude: 088° 46′ 50.76	
Mailing Address:		e): Conventional Survey,	
		GPS, Survey-grade GPS	
Vanckave, MS 3954		12 T 65 R 9 W	
City State Zip Co		of VANCLEAVE	
Telephone No. (208) 369-1616	(Distance) (Direction)	(Nearest Town)	
W Date drilling started: 10-20-15 Date drilling comp	ell / Borehole Data bleted: <u>10-22-15</u> Hole depth: <u>19</u>	3 <sup>FT</sup> Hole diameter: 2 <sup>11</sup>	
the star of the source of any surface water used for	r drilling: NA		
Method of dosing and volume of Chlorine used in dri	illing and development   gal pr 10	Obrilling Saafin Well	
Method of dosing and volume of chlorine used in di		<u>en ingej (</u>	
Logs run (circle all applicable) (No log run) Electric	Logs run (circle all applicable) (No log run) Electric Gamma Ray Density Sonic Neutron Uther:		
Name of organization running log(s):			
	otechnical/Geological Investigation	Ground Source Heat Pump	
	Other (describe)		
If drilling is not related to water	well construction, skip the remaind	er 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 ( <i>describe</i> )			
Static Water Level:feet [above or below] land surface Date measured:			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):			
Well depth: 493 F1 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: $4-18$ feet Casing diameter: $2$ inches Type of casing: $PVC$			
Screen length: $15$ feet Screen diameter: $2$ inches Type of screen: $PVC_{3}$			
Screen stot size. <u>CCCC</u> inches Secting deptil from			
Type of completion (circle all applicable): Gravel p	action onder cannon open not		
Other (describe):		NOV 0 2 DOM	
Top of lap pipe or reduction in casing: <u>N/A</u>	feet	NOV 2 G 2015	
If telescoped or more than one screen, describe on next page			

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

County: JA	rkson
Permit #:	

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F	or Office Use Only:
Well #:	J608

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

## If well telescopes, show depths on sketch.

Induced Level	<i>lf well telescopes, show depths</i> Ground Level	<u>ON SKEICH.</u>	Description of Fermations Encountered	From (depth)	To (depth)
Finore than one survey, show location of each on alactic the well location and the survey of the methods the following: 1) the well location 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the well 1) any permanent structures on the property that may add in locating the property and the well 1) any permanent structures on the property the property and the well 1) any permanent structures on the property the permanent of Environmental Quality and the Mississippi Department of Health regulations, 2) ACK R idadell 0.4 T2 11/11/15 Max Ridadell			Top Soll	Ground level	2
And CLay Charles Sand 190 193 Transf Clay Course Sand 190 193 Transf Clay Course Sand 190 193 Transf Course Sand 190 193 The vell to the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, applicable, and state laws. The Kidgdell 0.472 11/11/15 Curk Ridade U					$-\frac{20}{20}$
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Indowner Name: <u>Marcus Thomas</u> IEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable quirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, applicable, and state laws. Jack Ridgdell 0-472 11/11/15 Markidodoll		~	Jim RAMSEY		
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Form: OLWR-SWR-1A (4/13)

<b>4</b> F	STATE WELL REPORT		
	Part 2         Permit #:       Pump Installer's Completion Report         Driller:       Uast Wilter Well St         Date completed:       LO-2x2-L5         Copy information from block on Part 1       Copy information from block on Part 1		
	(601) 360-0535 (fax) This part of the report must be completed by a licensed water well contractor or a licensed j	mmp installer. A copy of Part 1	
1	of the report must be attached and both parts filed with the Department at the above addres		
	Owner Name: Marcus Thomas Latitude: 3036'44.79	". ongitude: <u>088 42'50.76</u> "	
		ne): Conventional Survey,	
	USGS quad, Hand-held	GPS, Survey-grade GPS	
		<u>LA TUS RBW</u>	
	Miles Miles	of Vancleave.	
ļ	Telephone No. (100) 567-1616 (Distance) (Direction)	(Nearest Town)	
	Pump Type (circle one)		
	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other		
		9Gallons Per Minute	
	Is This Pump (circle one): New Repaired Replacement	······································	
	Power Type (circle one) Electric <sup>11</sup> Diesel Gasoline Natural Gas Tractor PTO Windmill Other ( <i>describe</i> ):		
$\subset$	Horse Power Rating of Motor: 247 Setting Depth: 20FT Defeet Number	0	
		er of Stages	
-	Pump Test Data for Non Flowing Well           Date Well Tested:         2-8-15   Duration of Pump Test (min	imum 4 hours): hours	
		$\frac{N/A}{A}$ Feet Below Land Surface	
	Drawdown [(B) - (A)]:Feet Below Land SurfaceTest Pumping Rate: _	<u>'9.6</u> Gallons Per Minute	
	Method of measurement (circle one): Steel tape Electric tape Air line Other (describe	):	
	Pump Test Data fo <del>r Fl</del> owing Well		
	Measured shut in head:feet. N/A		
	Well yielded GPM with a drawdown of feet after	hours of pumping	
	Meter Installation		
	Meter Manufacturer: Meter Serial Number:		
	Meter Model Number/Name: /V// Type of Meter:		
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):		
	Installation Date: Meter installed by:		
	Is This Meter ( <i>circle one</i> ): 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 Ridgdell 0-472 12/8/15 Print Name of Pump Installer and License No. (If applicable) Date 78	nature of Rump Installer	

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