u <sub>u</sub> v <sub>u</sub>	STATE WELL REPORT				
county: Jackson	Part 1	For Office Use Only:			
,	Driller's Log	Well #:			
Permit #:	Mississippi Department of Environmental Quality	Aquifer:			
Driller: LMSt Water WellsVC	Office of Land and Water Resources P.O. Box 2309	E-Log #:			
Date drilling completed: Lo-15-16	Jackson, MS 39225-2309				
	(601)961-5210 (601)360-0535 (fax)				
	• •	the most and filed with the			
State Law requires that this report be Department at the above address with	e prepared by the license holder responsible for thin 30 days of completion of drilling of the well	or borehole.			
Well Owner Information	Well or Bor	ehole Location			
(Landowner if borehole is not for a	Latitude: 31 32.80 Longitude: 088 45 274				
Owner Name: EARLOWEN					
Mailing Address: <u>Seaman</u> F	K/Y I/I	e): Conventional Survey,			
maning rootess.	USGS quad, Hand-held (	GPS, Survey-grade GPS			
1/000/00/10 0/ = 2	0565 DEN SEN SEL Sec	14 T 66 R 8W			
Vancleave, MS3					
900 301 1	Zip Code 33/4 Miles West (Distance) (Direction)	of Warest Town)			
Telephone No. 628 326-4	(Distance) (Direction)	(New est Town)			
,	Well / Borehole Data				
Date drilling started 0-13-16 Date	drilling completed: $416$ Hole depth: $416$	Hole diameter: $2''$			
Location of the source of any surface w	acer used for dritting. 1077	200 Silling Andinguell			
Method of dosing and volume of Chlorin	ne used in drilling and development:	C) XIIInd adarm McII			
	Electric Gamma Ray Density Sonic Neut				
Name of organization running log(s): _					
Purpose of borehole (circle one). Water	Well Geotechnical/Geological Investigation	Ground Source Heat Pump			
Seismi	ic Survey Other (describe)				
If drilling is not relo	ated 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 regula	ation: Valve Other (describe)				
Static Water Level: 40 feet	[above or below land surface Date measure (circle one)	ed: <u>6-15-16</u>			
Method of measurement (circle one): S	teel tape Electric tape Air line Other (describe	P):			
1100	depth of: 10 feet Type of grout (circle one				
Casing length: 395feet Ca	asing diameter:inches Type of	f casing: PVC			
Screen length: 15 feet S	icreen diameter: <u> </u>	of screen: PVC			
Screen slot size:inches	Setting depth: From <u>395</u> feet	to <u>410</u> feet			
Type of completion (circle all applicable	e): Gravel packed Underreamed Open hole	Natural Development			

Top of lap pipe or reduction in casing: NA feet

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

Other (describe):\_

JUL 1 8 2016
Form: OLVBYNO 14WR

county: Jackson	<u> </u>		Only:		
Permit #:	<u> </u>		Well #: _	.5101	4
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he sketch below only req	uired for water wells	Description of formations and boreholes, unless spe	encountered in cifically exemp	must be provide oted by regulation	<u>d for all wells</u> ons
well telescopes, show de	pths on sketch.	Description of Formations E		From (depth)	To (depth)
round Level		TOP SOIL	reconcer co	Ground level	2
		Drange Clay		3	8
		Orange Codrse.	Sand_	18	30
		Drange Clay	2.04	150	120
		Brown Coarses	Sana	170	100
		Brown Coarse	Sand	187	216
1		BlueClay	,	216	360
	• •	Gray Medium to Coa	use sand	360	410
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more then one somen, show	v location of each on sketch				
more than one secon, show	V location of case on saccun		•		
etch the property layout and 1) the well location 2) any permanent structu 3) any roads, power lines 4) north arrow	res on the property that may a	aid in locating the well In locating the property and the	well		
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		1 3	<b>A</b>		3
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	هد مراسم المعرن	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(N)	•	8
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ndowner Name: <u>Eat</u>	(Nuxer)				
			<del> </del>		
EREBY CERTIFY that the	well/borehole was drilled,	, constructed, and completed nmental Quality and the Miss	d in accordance	e with all appli	cable
quirements of the Mississ applicable, and state law	ippi vepai unent or enviror /s.	innental Quality and the Miss	issiphi nebarti	inent of rie	eceiv
T. J. Oil - Lall	A 1170	. 1. 1	$\langle \rangle$	1-11	
iack klagakli	<u> 0-4 12</u>	6/16/16	M	d risk	JUL 182
nt name of Kesponsible	Licensee and License No.	Date	Signatur	e of Licensee	JUL 1 0 4 -SWR-1A (4/13)
		`			
					By OLV

## Permit #: Driller: MS+ WN+Cr W0||SVC Date completed: L0-15-L0 Copy information from block on Part 1

## STATE WELL REPORT

## 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 #: 31017				
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 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 Owner Information Latitude: 088° 45' 7.74" Owner Name: \_ Mailing Address: Method of Lat/Long (check one): Conventional Survey\_ USGS quad\_\_\_\_\_, Hand-held GPS\_\_\_\_\_, Survey-grade GPS\_\_ NW 4 SE 4. Sec 14 T 65 R 8W Zip Code (Direction) (Nearest Town) Telephone No. 🔂 (Distance) Pump Type (circle one) Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Submersible Turbine Air Lift Rated Pump Capacity: \_\_\_\_\_ \_\_\_Gallons Per Minute Date Pump Installed: \_ Repaired Is This Pump (circle one): Replacement Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Electric Setting Depth: 10FT DP feet Number of Stages: Horse Power Rating of Motor: **Pump Test Data for Non Flowing Well** Date Well Tested: Duration of Pump Test (minimum 4 hours): Pumping Water Level (B): N/A Feet Below Land Surface Static Water Level (A): \_ \_ Feet Below Land Surface / ひ \_\_\_ Gallons Per Minute \_Feet Below Land Surface Test Pumping Rate: \_\_\_ Drawdown [(B) - (A)]: \_ Method of measurement (circle one): Steel tape Electric tape (Air ling 10ther (describe):\_ Pump Test Data for Flowing Well Measured shut in head: \_\_\_\_\_ GPM with a drawdown of Well yielded \_ feet after\_ hours of pumping **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 best of my knowledge.

HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (If applicable)

Signature of Pump Installer

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