	COLUMN TARE I DEPOND	52			
	STATE WELL REPORT	For Office Use Only:			
County: _JackSon	Part 1	Well #: 1664			
Permit #:	Driller's Log Mississippi Department of Environmental Quality	ļ .			
Driller: MOSTWATER WELLS VC	Office of Land and Water Resources	Aquifer:			
Date drilling completed: 12-19-18	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:			
Date drilling completed: 10-11-10	(601)961-5210				
	(601)360-0535 (fax)				
State Law requires that this report	State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.				
Well Owner Informati	tion Well or Boro	ehole Location			
(Landowner if borehole is not for	ra water well) Latitude: 30 30 57.96 Lo	ngitude: 088°51′51,36″			
Owner Name: Mike Cannet	F. 1				
1 _	Method of Lat/Long (check on	e): Conventional Survey,			
Mailing Address: Krohn R	USGS guad Hand-held C	GPS, Survey-grade GPS			
\		145 V - L eV - 94			
VANCIPAUL, MS 39565 City State Zip Code Julies North of Latiner (Negrot Tour)					
City State	Zip Code / Miles NOATH	of LATIMER			
Telephone No. (228) 282-3	366 (Distance) (Direction)	(Nearest Town)			
	Well / Borehole Data				
Date drilling started: 12/18/18 Date drilling completed: 12/19/18 Hole depth: 450 F Hole diameter: 2' Location of the source of any surface water used for drilling: 1 CAL for 1000 Drilling 2 GAL IN Well NA					
Method of dosing and volume of Chlorine used in drilling and development:					
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). Water		Ground Source Heat Pump			
Seis	mic Survey Other (describe)	DECENIED.			
If drilling is not related to water well construction, skip the remainder of the block EIVED					
Purpose of Well (circle all applicable)		Fish CultyreN 2 2 2019			
Other (describe):		BYOLWR			
If a flowing well, method of flow regulation: Valve Other (describe) Other					
Static Water Level:					
Method of measurement (circle one): Steel tape Electric tape (Air line Other (describe):					
Well depth: 450 FWell grouted to a depth of: 10 feet Type of grout (circle one): Neat Cernent Bentonite Mix					
Casing length: 440 feet Casing diameter: 2 inches Type of casing: PVC					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: 10					
Screen slot size:OOOinches					
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: N

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

County: Jackso Permit #:	n			r Office Use ゴムしム	· ·
The sketch below only re	quired for water wells	Description of forma	utions encountered is specifically exem	must be provided pted by regulation	i for all wells
If well telescopes, show d	epths on sketch.				
Ground Level		Description of Format	ons Encountered	From (depth) Ground level	To (depth)
		TOPSOIL		Ground level	
			He Clay	1 2	435
		Gray Medic	m Sana'	435	450
					
		<u> </u>		-	
				-	
	• •				
				 	
					
		1		1	

				<u> </u>	
	•	•			
		· · · · · · · · · · · · · · · · · · ·			
If more than one screen, sho	w location of each on sketch	<u> </u>			
Sketch the property layout an 1) the well location 2) any permanent structi 3) any roads, power lines 4) north arrow	id include the following: ures on the property that may a s, or other items that may aid in	id in locating the well I locating the property an	d the well		
	· .	mobilehome	TX &	4	
		CROWN ROAD	Z H	<u> </u>	
	•	•	old Bilaxi	(N)	
			1%	<u> </u>	"/FD
			12	RECE	1/5
•			2		
			0	JAN 2	2 2019
				-	/ [7]
			l	BY O	LWK
4	4 A .1	*			
	ike Cannette		1		
Landowner Hanne:		,			
I HEREBY CERTIFY that the requirements of the Missis if applicable, and state la	e well/borehole was drilled, ssippi Department of Enviror ws.	constructed, and com imental Quality and the	pleted in accordan e Mississippi Depar	ce with all appli tment of Health	icable regulations,
Jack Ridade	11 0-472	12/19/18	Jank	Rugele	u
Print Name of Responsible	Licensee and License No.	Date	// Signatu	re of Licensee	-SWR-1A (4/13

•.

۲.

STATE WELL REPORT

County: JAUKSON Permit #: Driller WSHULLEY WEISUC Date completed: B-19-18 Copy information from block on Part 1

Is This Meter (circle one): New

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

For Office Use Only:				
Well #:	J664			
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 Location** Well Owner Information _Longitude:*D88**5 Owner Name: Y Method of Lat/Long (check one): Conventional Survey_ Mailing Address: USGS guad Hand-held GPS V 5W4 5W 4, Sec 19 NORTH of (Nearest Town) (Direction) Telephone No. (Distance) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Rated Pump Capacity: **Gallons Per Minute** Date Pump Installed: _ Is This Pump (circle one): (lew) Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: <u>60FT DP</u> feet Number of Stages: Horse Power Rating of Motor: **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum 4 hours): Date Well Tested: Pumping Water Level (B): N/A Feet Below Land Surface Feet Below Land Surface Static Water Level (A): Test Pumping Rate: ____ **Gallons Per Minute** Feet Below Land Surface Drawdown [(B) - (A)]: Air line Method of measurement (circle one): Steel tape | Electric tape Other (describe): Pump Test Data for Flowing Well feet. Measured shut in head: _ hours of pumping GPM with a drawdown of feet after Well vielded 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: ___

I HEREBY CERTIFY that the above statements are true	e to the best of my knowle	dge.
Jack Ridadell 0-472	1-15-19	Jan hofelee
LUCK Klagaci U-T LO	<u> </u>	put by
Print Name of Pump Installer and License No. (if appl	licable) Date	Signature of Pump unstaller
		// Form: OLWR-SWR-1B (4/13)

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.

Repaired Replacement