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County:	Jackson
Permit #:	1 10 10 10 10 10 10 10
	bast Water Wells vo
Date dril	ling completed: 6-12-19

STATE WELL REPORT

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 (601)360-0535 (fax)

	21
	For Office Use Only:
١	Well #: <u>J 678</u>
,	Aquifer:
E	E-Log #:

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

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 Information	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 30 28 29 8 Longitude: 088 45 10.98"	
Owner Name: LISA MCGINNIS	22.12 7.90	
Mailing Address: 8610 Semmes RD.	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
	(E	
VINCLEAVE, NS 39565 City 985 State Zip Code	51/2 51/2 51/2 51/2 51/2 51/2 51/2 51/2	
Telephone No. 455 - 290-1510	5 1/2 Miles Sw of Vanclesce (Direction) (Nearest Town)	
Wall / R	orehole Data	
Date drilling started: 211-19 Date drilling completed:	6-12-19 Hole depth: 387 FT Hole diameter: 2"	
Location of the source of any surface water used for drilling	ng: NA	
Method of dosing and volume of Chlorine used in drilling a	nd development: Igal fet 1000 Drilling agal in Well	
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutron Other:	
Name of organization running log(s):		
Purpose of borehole (circle one): Water Well Geotechni	cal/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (describe)	
If drilling is not related to water well co	onstruction, skip the remainder of this block	
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture	
Other (describe):	av OLV	
If a flowing well, method of flow regulation: Valve	Other (describe)	
00	Jand surface Date measured: 6-13-19	
Method of measurement (circle one): Steel tape Electric t	ape Air line Other (describe):	
Well depth: 387 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 372 feet Casing diameter: 2 inches Type of casing:		
Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC		
Screen slot size: 1006 inches Setting depth:	From 372 feet to 387	
Type of completion (circle all applicable): Gravel packed	feet to feet	
Other (describe):	Onderreamed Open hole Natural Development	
Top of lap pipe or reduction in casing: NA feet		
If telescoped or more than on	ne screen, describe on next page	

County:Permit #:		For Office Use Only: Well #:	
he sketch below only required for water wells	Description of formations encountries and boreholes, unless specifical	untered must be provided for all	
well telescopes, show depths on sketch.	and vorenotes, untess specifical	iy exempled by regulations	
round Level	Description of Formations Encount		
Tourid Eevet	TOP Soil	Ground level	
	Orange Clay		
	White coarse S	and 10 3	
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	Blue Clay.	1 90 36	
	Gray Medium So	ind 365 38	
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성 없었다. 경영 시간 이 경우되다 하다			
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etch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may	,	•	
3) any roads, power lines, or other items that may air	y aid in locating the well		
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STATE WELL REPORT

Jacksov County: Permit # Date completed:

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 Of	fice Use Only:
Well #:	678
Aquifer:	

Copy information from block on Part 1 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 · Well Location 88 Longitude: 088 45 Owner Name: | Method of Lat/Long (check one): Conventional Survey Hand-held GPS V, Survey-grade GPS Zip Code Telephone No.-Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: ______ Rated Pump Capacity: 12 Gallons Per Minute Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): ___ Setting Depth: LOFT Defeet 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): Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: _ _Feet Below Land Surface Test Pumping Rate: ____ ___ Gallons Per Minute Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: GPM with a drawdown of feet after hours of pumping Meter Installation Meter Serial Number: Meter Manufacturer: ___ 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.

ack Ridadell O-472	best of my knowle	Jack Ruffle
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump lostaller
		Form: OLWR-SWR-1B (4/13)