	STATE V	VELL REPORT			
county Tockson	Part 1		For Office Use Only:		
Permit #:	Driller's Log Mississippi Department of Environmental Quality		Well #:K731		
Driller Coast Mater Well SRV.	Office of Lan	nd and Water Resources	Aquifer:		
Date drilling completed: 6-19-14		.O. Box 2309 n, MS 39225-2309	E-Log #:		
	i (6	01)961-5210			
	•)360-0535 (fax)	ha more and filed with the		
State Law requires that this report Department at the above address w	be preparea by the l within 30 days of con	icense notaer responsible for a upletion of drilling of the well o	re work und jued wan ine or borehole.		
Well Owner Informat	ion	Well or Bore	hole Location		
(Landowner if borehole is not for					
Owner Name: Ralph king Co	2 Mothod of Lat /Long (check one): Conventi): Conventional Survey,		
Mailing Address: Jim Rams	USGS quad, Hand-held GPS, Survey-grade GPS				
			rs_r, survey-grade of s		
City State Zip Code /N Miles of Varieties Telephone No. 28 218 - 4429 (Direction) (Nearest Town)					
Telephone No. () 0/10 - T9	(d)	(Distance) (Direction)	(Nearest Town)		
Well / Borehole Data					
Date drilling started 6-19-14 Date drilling completed: 6-19-14 Hole depth: 180 FT Hole diameter: 2"					
Location of the source of any surface water used for drilling:					
Method of dosing and volume of Chlorine used in drilling and development: galker 1000 Drilling again Well					
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 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:					
Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe):					
Well depth: 180 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 170 feet Casing diameter:inches Type of casing: PVC					
Screen length:					
Screen slot size:inches	Screen slot size:inches Setting depth: Fromfeet tofeet tofeet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					

_feet

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

Other (describe):_

Top of lap pipe or reduction in casing: NA

Form: OLWR-SWR-1A (4/13) JUN 3 0 2014

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TOCK Ridgell 0-472 6/2014 July Ralpher RECEIV	andowner Name: <u>Kall</u> HEREBY CERTIFY that the	Th King Cons well/borehole was drille	STUCTION d, constructed, and complet	ed in accordance	e with all appli	cable
	equirements of the Mississ applicable, and state law	sippi Department of Envir vs.	onmental Quality and the Mi		111	
	Jack Kidadell	D-472 Licensee and License No.	6/20/14 Date			<u>ECEI</u> VI

STATE WELL REPORT

County: Jackson Permit f: Driller 03+10a+cr Wellsky Date completed: 19-14 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
Inches MS 39275-2309

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

For Office Use Only:					
Well #:	K731				
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 Owner Information Latitudes 30° 31' 54.18 L'ongitude: 088° 41' 29.58' onstruction Method of Lat/Long (check one): Conventional Survey_ _, Hand-held GPS_1/_, Survey-grade GPS_ USGS awad Zip Code Telephone No. 🗀🛛 刘 8 (Nearest Town) (Distance) (Direction) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Date Pump Installed: <u>しっ</u>为0-14 Rated Pump Capacity: _____ Gallons Per Minute Is This Pump (circle one): Repaired Replacement Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Setting Depth: <u>OFTDP</u> feet Number of Stages: Pump Test Data for Non Flowing Well 10-20-14 Date Well Tested: Duration of Pump Test (minimum 4 hours): __ Static Water Level (A): _______ Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute ___Feet Below Land Surface Drawdown [(B) - (A)]: ___ Pump Test Data for Flowing Well Measured shut in head: ____ GPM with a drawdown of hours of pumping feet after Well yielded 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.				
Jack Ridadell 0-472 6-20-14				
Jack Ridadell 0-472 6-20-14	Signature of Pump Installer CEIVE			
Print Name of Pump Installer and License No. (if applicable) Date	Signature of Pump Installer V			
	Form: OLWR-SWR-1B (4/13)			

JUN 3 0 2014