CTATE	WELL REPORT			
county: Jackson	Part 1	For Office Use Only:		
	Driller's Log	Well #: <u>F 735</u>		
Permit #: Mississippi Depar	tment of Environmental Quality	Aquifer:		
	and and Water Resources P.O. Box 2309	E-Log #:		
1 // (2/20 1)	son, MS 39225-2309	E-LOg #.		
<u> </u>	(601)961-5210			
· ·	01)360-0535 (fax)			
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		ehole Location		
(Landowner if borehole is not for a water well)	Latitude: 2025 / 1/2 Lo	ngitude: <u>088°39′2.94</u> ″		
Owner Name: Gary Dollar	Markad of Lat /Lang (shack app	e): Conveptional Survey,		
Mailing Address: Mount Pleasant Kd	, .	/		
	USGS quad, Hand-held (GPS, Survey-grade GPS		
Manalague Ma 20516	 	2 165 R 7W		
Vancleave, Ms 39565 State Zip Code	72/, 415	/ /		
,,	274 Miles NE	Of <u>Vancheacea</u> (Nearest Town)		
Telephone No. (<u>208</u>) 990-5973	(Distance) (Direction)	(Nearest Town)		
Wall /	Borehole Data			
Date drilling started: 9-23-14 Date drilling complete	1-3-14 Tole depth: 7	OF Hole diameter: 4"		
Leaving of the same of any surface water used for drilling: N/A				
Method of dosing and volume of Chlorine used in drilling and development: galler 1000				
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 Othe	r (describe)			
If drilling is not related to water well	construction, skip the remainde	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 (describe)				
Static Water Level: 40 feet [above or below] and surface Date measured: 9-33-14				
Method of measurement (circle one): Steel tape Electric	ic tape (Air line) Other (describe	?):		
Well depth: 10FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 60 feet Casing diameter: 4 inches Type of casing: PK				
Screen length:feet	1 0	of screen: EVC		
Screen slot size:inches				
Type of completion (circle all applicable): Gravel packed	I Underreamed Open hole	Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing: Note that one screen, describe on next page				
If telescoped or more that	n one screen, describe on next p	age		

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

County: TOCKSON Permit #:			For	Office Use	Only:
The sketch below only requi	red for water wells	Description of formations en and boreholes, unless specifi	countered l	must be provided to the provided by regulation	d for all wells
If well telescopes, show dept	hs on sketch.				
Ground Level		Description of Formations Enco	untered	From (depth) Ground level	To (depth)
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If more than one screen, show keep the property layout and in			· 1		
1) the well location 2) any permanent structures 3) any roads, power lines, or 4) north arrow	on the property that may a other items that may aid i	aid in locating the well n locating the property and the wel	u 📗		
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Landowner Name: Jary	Dollar			1	
I HEREBY CERTIFY that the wo	ell/borehole was drilled, pi Department of Environ	constructed, and completed in nmental Quality and the Mississi	n accordanc ip pi De part	te with all appli ment of Health	icable regulations,
if applicable, and state laws.			()	11	, .
Jack Ridadell C	1-472	9-24-14	Ja.	4 Red il	u
Print Name of Responsible Lic	ensee and License No.	Date	Signatur	e of Lice see	
			//		-SWR-1A (4/13)
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STATE WELL REPORT

County: PermitA 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

For Office Use Only:			
Well #: _	K	735	
Aquifer: _			

Copy information from block on Part 1

(601)961-5210 (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 1of 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** 74¹¹ Longitude: 088391294 Mailing Address: Method of Lat/Long (check one): Conventional Survey_ USGS quad ... Hand-held GPS V, Survey-grade GPS_ 4 56 4. Sec 2 Telephone No. (100) (Distance) (Nearest Town) (Direction) Pump Type (circle one) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 4-2 Rated Pump Capacity: ______ 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): Horse Power Rating of Motor: 11/2 HP Setting Depth: 6 FT P feet Number of Stages: Pump Test Data/for Non Flowing Well Date Well Tested: ___ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): 45 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 | All line Other (describe): Rump Test Data for Flowing Well Measured shut in bead: Well yielded GPM with a drawdown of hours of pumping feet after_ 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): 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,o	my knowledge,
Tock Ridadell 0472 9/3	
	4/14 per Sidder
Print Name of Pump Installer and License No. (If applicable)	ite Signature of Pump Installer
	Form: OLWR-SWR-1B (4/13