STATE	WELL REPORT					
county Jackson	Part 1	For Office Use Only:				
	Oriller's Log	Well #: 4754				
Permit #: Mississippi Depart Driller: OASHWA-CTWUISUC . Office of L	tment of Environmental Quality and and Water Resources	Aquifer:				
	P.O. Box 2309	E-Log #:				
	son, MS 39225-2309 (601)961-5210					
	01)360-0535 (fax)					
State Law requires that this report be prepared by the Department at the above address within 30 days of co	license holder responsible for to completion of drilling of the well	he work and filed with the or borehole.				
Well Owner Information	Well or Rore	shole Location i				
(Landowner if borehole is not for a water well)	/ Latitude: 30325,46 Lor	ngitude: 08838' 1626"				
Owner Name: Clayton Homes/David Ten	' }	i i				
Mailing Address: FAY Lane	Method of Lat/Long (check one): Conventional Survey,					
		SPS_V, Survey-grade GPS				
Vandeave. Ms 39565	NW 1/2 SE 14, Sec	12 T 65 R 7W				
City State Zip Code	2 Green	of Vanclesus				
Telephone No. (208) 238-0351	(Distance) (Direction)	(Nearest Town)				
Tetephone No.						
Well / Borehole Data						
Date drilling started: 14-16 Date drilling completed: 1-14-16 Hole depth: 134 Filhole 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: galler 1000 brilling a gal in wall						
Logs run (circle all applicable). No log run Electric Gar	nma Ray Density Sonic Neutr	on 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 Industria	l Public Supply Irrigation	Fish Culture				
Other (describe):		FER 0.5 200 p				
If a flowing well, method of flow regulation: Valve	Other (describe)					
Static Water Level:feet [above_or_belor_circle one]	ow] and surface Date measure	ed: 174-16				
Method of measurement (circle one): Steel tape Electri	c tape Air line Other (describe):				
Well depth: 124 Well grouted to a depth of: 10	_ feet Type of grout (circle one)	: Neat Cement Bentonite Mix				
Casing length: 114 feet Casing diameter: 2 inches Type of casing: PUC						
Screen length: 10 feet Screen diameter: 2 inches Type of screen:						
Screen slot size:						
Type of completion (circle all applicable): Gravel packet	I Underreamed Open hole	Natural Development				

Top of lap pipe or reduction in casing: ______feet

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

Other (describe):_

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

County: Jankson Permit #:			For	Office Use	On
The sketch below only	required for water wells	Description of formations and boreholes, unless speci	encountered in fically exemptions	must be provide pted by regulation	d for ons
If well telescopes, show	depths on sketch.	Description of Formations En	countered	From (depth)	To
Ground Level		TODSOIL		Ground level	
		prange clay	c nd	1 3	<u> </u>
		Orange Coatso	Sara_	120	-
		Cranate Coarse	Sand	89	-
		My Canas	Surge	1	
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				 	_
If more than one screen, s	how location of each on sketch				
Sketch the property layout 1) the well location 2) any permanent stru	and include the following: ctures on the property that may a nes, or other items that may aid in	id in locating the well	ell		
3) any roads, power li 4) north arrow	,			Mobilehos	<u> </u>
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any roads, power lir		Main phus	*SIREAL	y come	
any roads, power lir		Main phus	*SIREAL	y come	
3) any roads, power lit 4) north arrow	aname By	Main phus	*SIREAL	y come	
3) any roads, power life 4) north arrow Landowner Name:	yton Homes Davi	Man chaser to	FEI REINE RES	y care	
3) any roads, power life 4) north arrow Landowner Name:	aname By	Man chaser to	FEI REINE RES	y care	

STATE WELL REPORT

County: _______ Permit/# Date completed: Copy information from block on Part 1

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 #: <u>K 754</u>				
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 Well Location 46 Longitude: 088 38 Method of Lat/Long (check one): Conventional Survey_ Mailing Address: USGS guad_____, Hand-held GPS__V_, Survey-grade GPS_ Telephone No. 600 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet Piston Rotary Other (describe): _____ Rated Pump Capacity: _____ Date Pump Installed: 1 Gallons Per Minute Repaired Replacement Is This Pump (circle one): Power Type (circle one) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): ___ Setting Depth: 50FTDF feet Number of Stages: Horse Power Rating of Motor: L Pumo Test Data for Non Flowing Well Date Well Tested: 1-25-10 Duration of Pump Test (minimum 4 hours): _ Pumping Water Level (B): 1 Feet Below Land Surface Static Water Level (A): __ __ Feet Below Land Surface Test Pumping Rate: 8. S 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 feet after Well yielded 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.					
Jack Ridgell 0-472	1/26/16	Jane Replen			
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer			
		// Form: OLWR-SWR-1B (4/1)			