	STATE WELL REI
county: Jackson	Part 1
Permit.#:	Driller's Log
Driller MSHWHETWEISRV	Mississippi Department of Environa Office of Land and Water Re
1 1 2 11	P.O. Box 2309
Date drilling completed: 4-2-19	Jackson, MS 39225-230 (601)961-5210
	(601)360-0535 (fax)

PORT

mental Quality esources 09

For Office Use Only:
Well #: 1-194
Aquifer:
E-Log #:

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.

Department in the above dual cos manner of days of con	7				
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location Latitude: 08°33'31.74" Latitude: 08°33'31.74"				
Owner Name: Janet Stanley	Latitude: DAS 40-97 Longitude: DS 55 51 14				
Mailing Address: 3204 Kingsbridge RD	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Moss Point, Ms 39562	NE 14 5W 14, Sec 36 T 65 R6W				
City State Zip Code	3 Miles NOPTH of MOSS AGINET				
Telephone No. <u>228</u> 217 - 0505	(Distance) (Direction) (Nearest Town)				
W. 41 cm					
Date drilling started: 4-3-14 Date drilling completed:	orehole Data 4-2-14 Hole depth: 105 FT Hole diameter: 2				
Location of the source of any surface water used for drilling	ng: N/A				
Method of dosing and volume of Chlorine used in drilling a	nd development: 1901 pt 100 Drilling-Jall				
Logs run (circle all applicable) No log run Electric Gamm					
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):					
If a flowing well, method of flow regulation: Valve	Other (describe)				
Static Water Level: 10feet [above or below] and surface Date measured: 4-2-14					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Well depth: 15 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 95 feet Casing diameter: a inches Type of casing:					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: +VC					
Screen slot size: • 006 inches Setting depth: From 95 feet to 105 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:feet					
If telescoped or more than	one screen, describe on next page				

		Description of formations encountere	d must be provide	d fo
	nly required for water wells	and boreholes, unless specifically exe	mpted by regulation	ons
	how depths on sketch.	Description of Formations Encountered	From (depth)	
Ground Level	7	TOPSOIL	Ground level	
		Orange Clay	1 3	
		White Charse Sand	1-38	_
		White Coarse Sand	85	
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Sketch the property las	yout and include the following:			_
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STATE WELL REPORT

County: < Permity#: 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 Office Use Only:	
Well #:	
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 Location Longitude: **0**88° *33′ 31.74* Method of Lat/Long (check one): Conventional Survey_ , Hand-held GPS NORTH OF Telephone No. 1000 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): _____ Date Pump Installed: 4 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): _ Setting Depth: 30FT feet 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): Pumping Water Level (B): NA Feet Below Land Surface Static Water Level (A): Feet Below Land Surface /O ___ Gallons Per Minute Drawdown [(B) - (A)]: __ Feet Below Land Surface Test Pumping Rate: ____ Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: Well yielded . _GPM with a drawdown of feet after hours of pumping Meter Installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: _ Type of Meter:_ Totalizer Register Unit and Multiplier Factor (AF \times .001, gal \times 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.

LHEREBY CERTIFY that the above statements are true to the b	est of my	knowledge.
Wk Kidgaell 0-472	4/2	14 Just Ridgeless
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer
		Form: OLWR-\$WR-1B (4/13