	STATE WELL REPORT	J0		
county: JACKSON	Part 1	For Office Use Only:		
	Driller's Log Mississippi Department of Environmental Quality	Well #: <u>C59M640</u>		
Permit #:	Office of Land and Water Resources P.O. Box 2309	Aquifer:		
Date drilling completed: 2/8//9	Jackson, MS 39225-2309 (601)961-5210 (601)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	Well or Borehole Location				
(Landowner if borehole is not for a water well) Owner Name: David Walker	Latitude: 3030 1668 Longitude: 088027 39.78 4				
Owner Name: Dava Watt A Mailing Address: Prairie Brook Road	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: YI ATT O DIOCE TEDOU	USGS quad, Hand-held GPS, Survey-grade GPS				
	N/1 511 11 66 - 516				
Moss Point, Ms 39562	21/2 S 21				
City Suite Lip cour	31/2 Miles South of Big Point				
Telephone No. (228) 761-6981	(Distance) (Direction) (Nearest Town)				
, / Well / Borehole, Data					
Date drilling started: $\frac{200}{8}$ Date drilling completed: $\frac{28/9}{9}$ Hole depth: $\frac{200}{8}$ FT Hole diameter: $\frac{2''}{8}$					
s and a figure of any surface water used for drilling: N/A					
Method of dosing and volume of Chlorine used in drilling and development: GAI Per 1000 Drilling & LA ITA 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):					
Is a stantage 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: 200 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cemept Bentonite Mix					
Casing length: 190 feet Casing diameter: 2 inches Type of casing:					
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC					
Screen slot size:inches					
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: NA feet If telescoped or more than one screen, describe on next page					

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

Permit #:	w	For Office Use	
The sketch below only required for water wells	Description of formations encounant boreholes, unless specifically		
If well telescopes, show depths on sketch.	Description of Formations Encounte	red From (<i>depth</i>)	1
Ground Level	Top Soil	Ground level	Γ.,
	orange Clay	1 2	┢
	White Coarse So	and 20	Г
	Blueclay	. 40	
	White Charse Sar	d 60	
	Blueclay.	105	
	Gray Medium Sand	180	
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		<i>)</i>	
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may all any roads, power lines, or other items that may all porth arrow.	y aid in locating the well d in locating the property and the well		
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1) the well location 2) any permanent structures on the property that may all all north arrow PAAI Landowner Name: David Walker	ed, constructed, and completed in accommental Quality and the Mississippi	tordance with all applications of Health	۷

STATE WELL REPORT

County: Jackson Permit #: Date completed: 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 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For (Office Use Only:
Well #:	059M640

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	. Well I postion				
Owner Name: David Walker	Latitude: 303216.68Longitude: 68827'39.78"				
Mailing Address: Prairie Brook Road	Method of Lat/Long (check one): Conventional Survey,				
MOSS Point, M5 39562 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW ¼ SW ¼</u> , Sec_/(T <u>65</u> R <u>5</u> w				
Telephone No. (28 761-6981	31/2 Miles South of Big Point (Distance) (Direction) (Nearest Town)				
Pump Tyr	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe):					
Date Pump Installed: 2/23/19	Rated Pump Capacity: Gallons Per Minute				
Is This Pump (circle one): (New) Repaired Replacemen					
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
Horse Power Rating of Motor: 1 HP Setting Dept	th: NIFT DP_feet Number of Stages:				
Pump Test Data	for Non Flowing Well				
Date Well Tested: 2/22/19 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 14 Feet Below Land Surface					
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric tape or line Other (describe):					
Pump Test Da	ta for Flowing Well				
Measured shut in head:feet.	NA				
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter Installation					
Meter Mandraces Cr.	NEA Meter Serial Number:				
Meter Model Number/Name:	Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF \times .001, ga	l 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.					

Date

Signature of Pump Installer

Tacle Ridgae 10-472

Print Name of Pump Installer and License No. (If applicable)

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