County:	JACKSON_
Permit A	DAST WHEN WELLS W
_	lling completed: 12-11-14

## STATE WELL REPORT

## Part 1

Driller's Log

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 #: 1109
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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location				
Owner Name: PETER MOYAN	Latitude: 303711.104 Congitude: 08851'10.92"				
Mailing Address: Stenum Street	Method of Lat/Long (check one): Conventional Survey,				
Maining Address.	USGS quad, Hand-held GPS, Survey-grade GPS				
Diloxi, MS 39532	NW 4 NE 4, Sec 11 T 95 R9W				
City State Lip code	21/2 Miles NNW of Ocean Springs				
Telephone No. <u>208</u> <u>(e69-2337</u>	(Distance) (Direction) (Nearest Town)				
Well / B	orehole Data				
	12-11-14 Hole depth: 162 FTHole diameter: 2"				
Location of the source of any surface water used for drilling	ng: NA				
Method of dosing and volume of Chlorine used in drilling a	nd development: Igal per 1000 Drilling agalin 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 Geotechni	cal/Geological Investigation Ground Source Heat Pump				
•	(describe)				
If drilling is not related to water well c	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: 35feet [above on below] land surface Date measured:					
Method of measurement (circle one): Steel tape Electric					
Well depth: Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix					
Casing length: 150 feet Casing diameter:					
Screen length: 10feet Screen diameter:inches Type of screen: PVC					
Screen slot size:inches	150				
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development				
Other (describe):	HEUCIVE 1				
Top of lap pipe or reduction in casing:feet	DEC 2 3 2014				
If telescoped or more than	one screen, describe on next page				

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County: <u>Tackson</u>	For Office Use Only:
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Permit #:	weit #: 1 - C
	wells Description of formations encountered must be provided for all wel
The sketch below only required for water	wells  and boreholes, unless specifically exempted by regulations
If well telescopes, show depths on sketch.	
Ground Level	Description of Formations Encountered From (depth) To (depth)  Ground level
	Orange Clay 1 2 8
	orange course, sand 8
	orange clay 18 47
	prange Codrse Sand 47 62
	Blue clay 62 12
	Graymedium to same 121 160
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YS at an area area at any location of soat	
If more than one screen, show location of each	Ou skerei
Sketch the property layout and include the follow	wing:
4) Alexandi Inggalan	
the well location     any permanent structures on the proper	ty that may aid in locating the well
1) the well location 2) any permanent structures on the proper 3) any roads, power lines, or other items the	ty that may aid in locating the well nat may aid in locating the property and the well
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1) the well location 2) any permanent structures on the proper 3) any roads, power lines, or other items the structures on the proper 4) north arrow  Landowner Name: Feter Mora  LUEDERY CERTIEV that the well/borehole	Type Speed  Collins Speed  Collins Speed  RECEIVED  DEC 2 3 2014  By: OLWR  was drilled, constructed, and completed in accordance with all applicable at of Environmental Quality and the Mississippi Department of Health regulations
1) the well location 2) any permanent structures on the proper 3) any roads, power lines, or other items the 4) north arrow  Landowner Name: Feter Mora  I HEREBY CERTIFY that the well/borehole requirements of the Mississippi Department if applicable, and state laws.  Tack Ridadell O-4	ty that may aid in locating the well hat may aid in locating the property and the well  Spentifican Spaces  Collins Spaces  Collins Spaces  Big Rioge Road  BY: OLWR  Was drilled, constructed, and completed in accordance with all applicable at of Environmental Quality and the Mississippi Department of Health regulations  2 13/11/14  January Manuary Spaces  Spentifican Spaces  BY: OLWR
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## STATE WELL REPORT Part 2 County: For Office Use Only: Pump Installer's Completion Report Permit Aississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Date completed: Aquifer: Jackson, MS 39225-2309 (601)961-5210 Copy information from block on Part 1 (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 flied with the Department at the above address within 30 days of well completion. Well Owner Information 64. Congitude: 088511 Owner Name: Method of Lat/Long (check one): Conventional Survey Mailing Address: . Hand-held GPS // Survey-grade GPS USGS quad\_\_\_ NE 14. Sec // Zip Code of Boean Spairs S (Nearest Town) Telephone No. 🗀🛣 (Distance) (Direction) Pump Type (circle one) Submersible Turbine Air Lift Centuifugal Flowing Well (Jet) Piston Rotary Other (describe): **Gallons Per Minute** Date Pump Installed: \_\_\_\_ Rated Pump Capacity: \_ Replacement EXISTING Repaired Is This Pump (circle one): Power Type (circle one) ~ Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: 50FTDP 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): N/A Feet Below Land Surface Static Water Level (A): \_ Feet Below Land Surface Test Pumping Rate: \_\_\_ **Gallons Per Minute** Drawdown [(B) - (A)]: Feet Below Land Surface Method of measurement (circle one): Steel tape Electric tape ( Air line ) Other (describe): Pump Test Data for Plowing Well Measured shut in head: \_ harry of proposition

well yieldedGPM with a	drawdown of reet_afterfours of pumping				
Meter Installation					
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date:	Meter installed by:				
Is This Meter (circle one): New I	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 knowle	dge.	100 from 30 from 10 from 100
Trick Rigard 10-472 12/15/14		4 Rider
Print Name of Pump Installer and License No. (If applicable) Date	Signature	of Pump Installer ( 2 3 2014
,		Form: OLWR-SWR-1B (4/13)