STATE V	VELL REPORT [
county: TACKSON	Part 1	For Office Use Only:			
Di Di	riller's Log	Well #: 1114			
A Mississippi Departit	nent of Environmental Quality and Water Resources	Aquifer:			
1 12 11 P	O. Box 2309 n, MS 39225-2309	E-Log #:			
Date drilling completed: 1.1.2.16	01)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 (Landowner if borehole is not for a water well)	Well or Bore	hole Location			
	Latitude: U AU 4.10 Lor	ngitude 088° 44′ 11,94″			
Owner Name: Eaton Properties	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: West Belle Forthin Brack DRIVE	USCS and Hand-held G	PS, Survey-grade GPS			
		13 T 85 R8W			
Ocean Springs, MS 39564 State Zip Code					
City -	3/2_Miles 5 & 0	(Nearest Town)			
Telephone No. (228) 806 - 8927	(Distance) (Direction)	(Nearest Town)			
Well / Borehole Data					
Date drilling started: 1-12-16 Date drilling completed: 1-13-16 Hole depth: 525 FT Hole 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: Lgal per 10000 rilling Agal in 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):		EB 0 \$ 20			
If a flowing well, method of flow regulation: Valve	Other (describe)				
Static Water Level:feet [above or below] and surface Date measured:					
Method of measurement (circle one): Steel tape Electric					
Well depth: 525 Well grouted to a depth of: 10	^	0:1-			
Casing length: 510 feet Casing diameter:inches Type of casing:					
Screen length: 15 feet Screen diameter:inches Type of screen: PVC					
Screen slot size:inches Setting depth: Fromfeet tofeet					
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

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

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1-13-16

Permit #:		Well #	or Office Use	Only
The sketch below only real feelscopes, show d		Description of formations encounter and boreholes, unless specifically exa	ed must be provided empted by regulation	d for
Ground Level	epins on skeilik	Description of Formations Encountered	From (depth) Ground level	To
Ground Level		White Coarse Sand	Ground level	
		Gay Clay		- +
		White coarse sand	50	
•		Blue clay	120	<i></i>
		Gray Codrse Sand	190	<u> </u>
		Blue Clay	355	
		Gay Course Sand	725	<u> </u>
		Blue clay	480	_5
•		Graymodium to Coarse Su	nd 505	5
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Sketch the property layout an 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow Derector Skeuse X well Landowner Name: Latter than the requirements of the Missi	tures on the property that may aid so, or other items that may aid the property that may aid to the property that may are proper	in locating the property and the well		licab
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STATE WELL REPORT

County: Permit Driller: Date completed:

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 Off	ice Use Only:
Well #:	71114
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 Owner Information Well Location Latitude: 30° 20'41.64" Longitude: 088" 44' 11.94" Properties Owner Name: LOHON Mailing Address: West Belle Fontain Brach DRIVE Method of Lat/Long (check one): Conventional Survey_ \underline{V} , Survey-grade GPS_ USGS quad. Hand-held GPS Zip Code of UCCOLSprings Telephone No. (228) 806 - 8927 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Jet) Piston Rotary Other (describe): Rated Pump Capacity: ___ Gallons Per Minute Date Pump Installed: __ Replacement Repaired Is This Pump (circle one): Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): ____ Horse Power Rating of Motor: 1 Setting Depth: <u>70FT DP</u> feet Number of Stages: **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): <u>50</u> Feet Below Land Surface Test Pumping Rate: _____ ____ Gallons Per Minute Feet Below Land Surface Drawdown [(B) - (A)]: __ Method of measurement (circle one): Steel tape Electric tape (Air line) Other (describe): Pump Test Data for Flowing Well Measured shut in head: __ hours of pumping GPM with a drawdown of feet after Well vielded Meter Installation Meter Serial Number: ____ Meter Manufacturer: _ Type of Meter: 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): 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	heet of my know	Medro
	DESCOLUTE MINOR	wieuge.
Jock Ridgaell 0-472	3/3/16	Jack Ridshel
1 (DOCK KIDADELL U-4/2)	طالوار	Jan Redster
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer
		Form: OLWR-SWR-1B (4/1