STATE	WELL REPORT	
county: JACKSON	Part 1	For Office Use Only:
D	riller's Log ment of Environmental Quality	Well #:
Driller: (DOST WOHLY WEISVC) Office of La	nd and Water Resources	Aquifer:
6 10.1.	2.0. Box 2309 on, MS 39225-2309	E-Log #:
	601)961-5210 1)360-0535 (fax)	
State Law requires that this report be prepared by the	, , ,	he work and filed with the
Department at the above address within 30 days of con	mpletion of drilling of the well	or borehole.
Well Owner Information (Landowner if borehole is not for a water well)		ehole Location ngitude 088 46 (48 , 48 4
Owner Name: Butch Loper		
Mailing Address: Woodlake Lane	Method of Lat/Long (check one	e): Conventional Survey,
	USGS quad, Hand-held G	SPS_V, Survey-grade GPS
Means origan Ms 395104	Ne 1/4 NW 1/4, Sec_	10 T 75 R 8w
City State Zip Code		f Ocean Springs
Telephone No. 238 219-3111	(Distance) (Direction)	(Nearest Town)
	orehole Data	FT 04
Date drilling started: 5-16-16 Date drilling completed	5-19-16 Hole depth: 45	Hole diameter:
Location of the source of any surface water used for drilli	ng: N/A-	
Method of dosing and volume of Chlorine used in drilling a	and development: [GAL/[[]	1000 Drilling dGalinwell
Logs run (circle all applicable): No log run Electric Gam	ma Ray Density Sonic Neutr	on Other:
Name of organization running log(s):		
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump
	(describe)	n of this block
If drilling is not related to water well of		
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation	Fish Culture
Other (describe):		
If a flowing well, method of flow regulation: Valve		E 10.11
Static Water Level:	w) land surface Date measure	ed:
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe	?):
Well depth: 452 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: <u>437</u> feet Casing diameter:	inches Type of	casing:
Screen length:feet Screen diameter: _		if screen: <u>FVC</u>
Screen slot size:		
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole	Natural Development
Other (describe):		<u>Heceived</u>
Top of lap pipe or reduction in casing: $\underline{N/A}$ feet		
If telescoped or more than	ı one screen, describe on next p	Form: OLWR-SWR-1A (4/13)
		By OLWR

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County: _	Jackson
Permit #:	

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For	Office	Use	Only:
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Well #: ____

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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	STATE W	ELL REPORT	
County: JACKSON	1	Part 2	For Office Use Only:
Permit #:		r's Completion Report	
Driller DASt Water WellSDC.	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #:
Date completed: 5-19-16	P.	.O. Box 2309	A
Copy information from block on Part 1		n, MS 39225-2309 501)961-5210	Aquifer:
Copy mornation from block and the) 360-0535 (fax)	
This part of the report must be complete			
of the report must be attached and both Well Owner Informati			<i>rithin 30 days of well completion.</i> ocation
Owner Name: Butch Loper		1 //	gitude: 038*46'48.42"
Mailing Address: Woodlake L	ane	Method of Lat/Long (check one): Conventional Survey,
		USGS quad, Hand-held G	PS, Survey-grade GPS
Ocean Springs, Ms?	3564	Nu y Nu y. Sec.	10 T 70 R8W
Lity J State	Zip Code		
Telephone No. 028 219-3111		(Distance) (Direction)	f Ocean Starys (Nearest Town)
· · · · · · · · · · · · · · · · · · ·	Pump Ty	pe (circle one)	
Submersible Turbine Air Lift Centrif	ugal Flowing Well	Jet Piston Rotary Other (de	scribe):
Date Pump Installed: 5-20-16	F	Rated Pump Capacity:/	©Gallons Per Minute
Is This Pump (circle one): New Re			·
\sim	Power Ty	pe (circle one)	
Electric Diesel Gasoline Natural Gas	Tractor PTO Win	dmill Other (describe):	
Horse Power Rating of Motor: 24	, Setting Dept	h: 10FT DP_feet Number	of Stages: 3
	Pumo Test Data	for Non Flowing Well	
Date Well Tested: 5-20-16		-	num 4 hours): hours
Static Water Level (A): <u>90</u> Fee			
Drawdown [(B) - (A)]:			-
Method of measurement (circle one): S			
method of measurement (circle one). S		ta for Flowing Well	
Measured shut in head:feet	ь	-	
Well yieldedGPM with a	. NA	feet_after	hours of pumping
Al-A Al		Installation	Dessived
Meter Manufacturer:	K II .	Meter Serial Number: _	
Meter Model Number/Name:		Type of Meter:	
Totalizer Register Unit and Multiplier F			
Installation Date:	-		By OLWR
ls This Meter (circle one): New Re	paired Replacem	ent	
Important: By submitting the above in For agricultu	rformation you are c ural wells, a list of ap	ertifying that this meter was insta proved meters is on the MDEQ w	illed to manufacturer standards. vebsite.
I HERIOBY CERTIFY that the above state	ments are true to th	e best of my knowledge.	
I HERBBY CERTIFY that the above state	ments are true to th	he best of my knowledge.	bur Rufdell

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