	STATE WELL REPORT	
county: Jackson	Part 1	For Office Use Only:
	Driller's Log	Well #: 0 1012
Permit #:	Mississippi Department of Environmental Qual	ity Aquifer:
Driller (MSt Water Ukllsuc-"	Office of Land and Water Resources P.O. Box 2309	E-Log #:
Date drilling completed: 6-1-15	Jackson, MS 39225-2309	2 205 ".
	(601)961-5210 (601)360-0535 (fax)	
	(,,	
State Law requires that this report be	e prepared by the license holder responsible f hin 30 days of completion of drilling of the w	for the work and filed with the vell or borehole.
Well Owner Information	n Well or 8	Borehole Location
(Landowner if borehole is not for a Owner Name: \\ \(\)\(\)\(\)\(\)\(\)\(\)\(\)	water well) Latitude: 30° 23′ 11.88′	Longitude: 088°41′58.14″
Mailing Address: 2908 DId Shell	LANGUIAND I	cone): Conventional Survey,
- .	USGS quad, Hand-he	eld GPS <u>V</u> , Survey-grade GPS
Manne Orinas Ma	205/04 SE 4 SW 4.5	Sec 38 T 7 S R 7 W
City City State	J1241	
	1 / MILES	
Telephone No. (218) 369 - 4407	(Distance) (Difection	(neurest 10mm)
Location of the source of any surface wa	Well / Borehole Data Irilling completed: 6 - 1 - 1 5	
	e used in drilling and development:	-1000 prilling agative Well
Method of dosing and volume of Chlorine		
Method of dosing and volume of Chlorine Logs run (circle all applicable). No log run	Electric Gamma Ray Density Sonic No	eutron Other:
Method of dosing and volume of Chlorine Logs run (circle all applicable) Name of organization running log(s):	Electric Gamma Ray Density Sonic No	eutron Other:
Logs run (circle all applicable). No log run	Electric Gamma Ray Density Sonic No.	eutron Other:
Logs run (circle all applicable). No log run Name of organization running log(s): Purpose of borehole (circle one). Water W	Electric Gamma Ray Density Sonic No.	eutron Other:
Logs run (circle all applicable). No log run Name of organization running log(s): Purpose of borehole (circle one). Water W	Electric Gamma Ray Density Sonic No. Well Geotechnical/Geological Investigation	Ground Source Heat Pump
Logs run (circle all applicable). No log run Name of organization running log(s): Purpose of borehole (circle one). Water W Seismic If drilling is not relate Purpose of Well (circle all applicable): He	Well Geotechnical/Geological Investigation Survey Other (describe) ded to water well construction, skip the remainstration Survey Industrial Public Supply Irrigation	Ground Source Heat Pump
Logs run (circle all applicable). No log run Name of organization running log(s): Purpose of borehole (circle one). Water W Seismic If drilling is not relate	Well Geotechnical/Geological Investigation Survey Other (describe) ded to water well construction, skip the remainstration Survey Industrial Public Supply Irrigation	Ground Source Heat Pump
Name of organization running log(s): Purpose of borehole (circle one). Water W Seismic If drilling is not relate Purpose of Well (circle all applicable): He Other (describe): Spanklep	Well Geotechnical/Geological Investigation Survey Other (describe) ded to water well construction, skip the remained Industrial Public Supply Irrigation System Tion: Valve Other (describe)	Ground Source Heat Pump inder of this block Fish Culture
Name of organization running log(s): Purpose of borehole (circle one) Water W Seismic If drilling is not relate Purpose of Well (circle all applicable): He Other (describe): Spanklep	Electric Gamma Ray Density Sonic Notes New York Well Geotechnical/Geological Investigation Survey Other (describe) ded to water well construction, skip the remainable lome Industrial Public Supply Irrigation System	Ground Source Heat Pump inder of this block Fish Culture

Well depth: Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite

Setting depth: From

<u>A___feet</u>

inches

Underreamed

If telescoped or more than one screen, describe on next page

inches

Casing diameter:

Screen diameter:

feet

Type of completion (circle all applicable): Gravel packed

_inches

Casing length: 54

Screen slot size: <u>+ DOS</u>

Top of lap pipe or reduction in casing: .

Screen length:

Other (describe):_

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

_feet

Natural Development

Type of casing: PVC

Type of screen:

Open hole

.*						
county: <u>Tackson</u>			Į		Office Use	Only:
Permit #:	·			Well #: _	2612	
			ı			
The sketch below only req	uired for water wells	Description of form and boreholes, unl	nations enc less specific	ountered i ully exemp	nust be provided ited by regulation	i for all wells ons
If well telescopes, show de	pths on sketch.	Description of Forma			From (depth)	To (depth)
Ground Level		Top, Soil	ICOL LICOL	ICCI CO	Ground level	2
		Orange.Cla	.y		a a	18
		Blueclay	7		18	54
		White Coa	<u>rse s</u>	and_	54	60
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If more than one screen, show	v location of each on sketch	<u> </u>			<u> </u>	
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in locating the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow						
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			200		old sparie	b. TRAIL
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A A			:			\
Landowner Name: <u>Chr</u>	is Seal					(
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations if applicable, and state laws.						
Took O' la tall	0.170	6/3/15		1.1.	Raffer	
Print Name of Responsible	licensee and license No.	0/3/15 Date		Signatur	e of Licensee	
THE NAME OF RESPONSIBLE	westies and theilist NV.	, vale		J.S. RACUIT		-SWR-1A (4/13)

STATE WELL REPORT

Part 2

County: Jackson Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: Driller: LOGST P.O. Box 2309 Date completed: Jackson, MS 39225-2309 Copy information from block on Part 1 (601)961-5210

For Office Use Only:
Well #: 007
Aquifer:

(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 filed with the Department at the above address within 30 days of well completion.					
Well Owner Information	· Well Location				
Owner Name: Chris Seal	Latitude: 30 23 11,88" Longitude: 088° 41' 58.14"				
Mailing Address: 2908 Old Shell Landing RD.	· .				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Ocean Springs, MS 39564 Zip Code	5E 14 5W 14, Sec 38 T75 R7W				
Telephone No. (228) 369-4407	(Distance) Of GAUTTER (Nearest Town)				
Pump Typ	oe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
	lated Pump Capacity:Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacemen	nt .				
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	dmill Other (describe):				
Horse Power Rating of Motor: 1HP Setting Depth: 52 FT Defeet Number of Stages: 9					
	for Non Flowing Well				
Date Well Tested: 10-2-15 Duration of Pump Test (minimum 4 hours): 5 hours					
Static Water Level (A): 25 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surf					
Method of measurement (circle one): Steel tape Electric ta					
Pump Test Date	ta for Flowing Well				
Measured shut in head:feet.	NA				
Well yieldedGPM with a drawdown of	feet after hours of pumping				
Meter Installation					
Meter Manufacturer:					
Meter Model Number/Name:	NAType of Meter: 11/14 1 5 2016				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:	BY: OLWA				
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.					
I HEREDI CERTIFI UNAL UNE ADOVE SCALEMENICS ARE CIUE CO UNE DESCOT MY KNOWLEDGE.					

I HEREBY CERTIFY that the above statements are true	e to the best of p	my knowledge.
Jack Ridgdell 0472	6/3/	15

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

Date

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)