County: JACKSON Permit A Driller: D3: Water Well 5V Date drilling completed: 4-8-46 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)	
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)         Owner Name:       Mike Westman         Mailing Address:       34071 HAMIII Farm R         Well or Borehole Location (Landowner if borehole is not for a water well)         Owner Name:       Mike Westman         Mailing Address:       34071 HAMIII Farm R         Wethod of Lat/Long (check one):       Conventional Survey,         USGS quad, Hand-held GPS_V, Survey-grade GPS	
Drean Spring Ms 39564       State       Stat	
Well / Borehole Data	
Date drilling started: $4-7-16$ Date drilling completed: $4-8-16$ Hole depth: $515^{-1}$ Hole diameter: $2''$	
Location of the source of any surface water used for drilling: $N/A$	
Method of dosing and volume of Chlorine used in drilling and development: [gal for 1000)rilling agalia woll	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:	
Name of organization running log(s): Receiver Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump	6
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump	6(
Seismic Survey Other (describe) APR 28201 If drilling is not related to water well construction, skip the remainder of this block	6
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture	D
	T
Other ( <i>describe</i> ):	
Static Water Level: _75feet [above or below] land surface Date measured: _4-8-16	
Method of measurement (circle one): Steel tape Electric tape (Air line Other (describe):	
Well depth: 515' Well grouted to a depth of: 10 feet Type of grout ( <i>circle one</i> ): Neat Cement Bentonite Mix Casing length: 500 feet Casing diameter: 2'' inches Type of casing: 2''	
D pik	
Screen length: 15 feet Screen diameter: 1 inches Type of screen: 100 feet	
Other (describe):	
Top of lap pipe or reduction in casing: <u>IV/A</u> feet If telescoped or more than one screen, describe on next page	
Form: OLWR-SWR-1A (4/13)	

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County:	Jackson
Permit #	

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For Office Use	Only:
Well #: CICIT	)
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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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Part 2         Permit #:       Pump Installer's Completion Report         Driller:       0061 Will for Well SVC    Part 2 Pump Installer's Completion Report Well #:           Driller:       0061 Will for Well SVC
Permit #: Pump Installer's Completion Report
Driller ODST WATER WELLSVC Mississippi Department of Environmental Quality Well #:
Date completed: 4-8-16 P.O. Box 2309
Jackson, MS 39225-2309         Aquifer:           Copy information from block on Part 1         (601)961-5210
(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: Mike Westman Latitude: 30°23.30.5 (fongitude: 088437.82
Mailing Address: 3407 HQMII FAFM RD · Method of Lat/Long (check one): Conventional Survey,
USGS quad, Hand-held GPS_/, Survey-grade GPS
UCEAN Springs, MS 39564 SE & NWW, Sec 31 T 23 R 7W
City     State     Zip Code       Telephone No. (150)     384-344     1/2       Miles     1/2       (Distance)     (Direction)
Telephone No. (804) 284-0414 (Distance) (Direction) (Nearest Town)
Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 4-11-16 Rated Pump Capacity: 12 Gallons Per Minut
Is This Pump (circle one) New Repaired Replacement
Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 2 HP Setting Depth: 90FTD feet Number of Stages:
Pump Test Data for Non Flowing Well
Date Well Tested: $4 - 11 - 16$ Duration of Pump Test (minimum 4 hours): $4/2$ hour
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface
Drawdown [(B) - (A)]: N A Feet Below Land Surface Test Pumping Rate: Gallons Per Minut
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Pump Test Data for Elowing Well
Measured shut in head:feet. $\Lambda//\Lambda_{-}$
Well yielded GPM with a drawdown of feet_afterhours of pumping
Meter Installation
Meter Manufacturer: / Meter Serial Number: Roos:
Meter Installation         Meter Manufacturer:       Meter Serial Number:       Received         Meter Model Number/Name:       N/A       Type of Meter:       APR 28 2016         Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):       APR 28 2016
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date: Meter installed by: By OLWR
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
Jack Ridadell 0-472 4-11-16 Jan Riddere
Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer Form: OLWR-SWR-1B (4