Driller: <u>Lavid</u> Ca.'n Date drilling completed: <u>F-30-2</u> D State Law requires that this report b	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) be prepared by the license holder responsible for a thin 30 days of completion of drilling of the well	For Office Use Only: Well #: 5.5 Aquifer:
Well Owner Information (Landowner if borehole is not for of Owner Name: <u>Keith</u> Sin Mailing Address: <u>299 Cr 19</u>	water well) Latitude: $32^{\circ} 2^{\circ}$ Lo	ehole Location ngitude: 27 0 0 1 27 5 5 5 5 5 23 1 e): Conventional Survey,

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Mailing Address: 2F9 Cr 1537 Mailing Address: 2F9 Cr 1537 Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS USGS quad, Hand-held GPS, Survey-grade GPS Value Val	
Well / Borehole Data	
Date drilling started: 3 /28 Date drilling completed: 3 /30 Hole depth: <u>//</u> Hole diameter: <u>4</u>	
Location of the source of any surface water used for drilling: <u>Comm.</u> well	
Method of dosing and volume of Chlorine used in drilling and development:	
Logs run (<i>circle all applicable</i>)-No-tog run Electric Gamma Ray Density Sonic Neutron Other:	
Name of organization running log(s):	
Purpose of borehole (circle one) Water Web Geotechnical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (<i>describe</i>)	
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): Chicken Farm	
If a flowing well, method of flow regulation: Valve Other (<i>describe</i>)	
Static Water Level: <u>40</u> feet [above or below] land surface Date measured: <u>3-30</u> (circle one)	
Method of measurement (<i>circle one</i>): Steel tape Electric tape Air line Other (<i>describe</i>):	
Well depth: <u>//O</u> Well grouted to a depth of: <u>/O</u> feet Type of grout (<i>circle one</i>): Neat Cement Bentonite Mix	
Casing length: <u>/DD</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>FVC</u>	
Screen length:feet Screen diameter:inches Type of screen:	
Screen slot size:	1
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development	
Other (describe): APR 27 2016	
Top of lap pipe or reduction in casing:feet	
If telescoped or more than one screen, describe on next page DY ULWR	
No water well Drilling 03-74 Melson Cani 4-22-201	6

County:]
Permit #:	

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

well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
round Level		Ground level	,
			• • • • • • • • • • • • • • • • • • •
	·		
			·····
		<u> </u>	
	1		
lore than one screen, show location of each on sketch			

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

Landowner Name:

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.

Signature of Licensee

STATE WE	ELL REPORT
County: Jusper Permit #: Permit #: Primp Installer's Driller: D. Ca.'n Date completed: 3-30-20/6 Corv information from block on Part 1 This part of the report must be completed by a licensed water well of report must be attached and both parts filed with the Department of Well Owner Information Owner Name: Keith Sime Sime Sime Sime Sime Sime Sime Sime	For Office Use Only: and Water Resources Box 2309 a, MS 39225 961-5210 51-5228 (fax) contractor or a licensed pump installer. A copy of Part 1 of the above address within 30 days of well completion. Well #:
Mailing Address: <u>299 CR 1537</u> <u>Bay Springs Ms 39422</u> City State Zip Code Telephone No. <u>COD 670 670</u>	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS $M_{4} M_{4}$ Sec 2 T $2/M$ R $10/E$ Distance Direction Nearest Town <u>6</u> Miles M/E of $Bay Sprince Mc$
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston Turbine	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: $3 - 29 - 2014$ Rated Pump Capacity: 30 Gallons Per Minute	Windmill Other (specify): Horse Power Rating of Motor: 5 hp Setting Depth: 10 5 feet Number of Stages: 20
Pump Test Data Date Well Tested: $3 - 29 - 2016$ Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 70 Feet Below Land Surface Drawdown [(B) - (A)]: 30 Feet Below Land Surface Test Pumping Rate: 70 Gallons Per Minute	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): $fr. 'arg For flowing well, measured shut in head: feet Well yielded ZD GPM with a drawdown of $
Duration of Pump Test (minimum 4 hours):hours I HEREBY CERTIFY that the above statements are true to the best of Mc Wafer Well Philips 0-374	

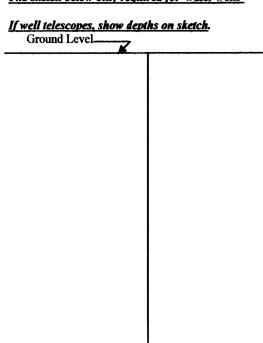
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Form: OLWR-SWR-1B (04/08) APR **2 7** 2016

By OLWR

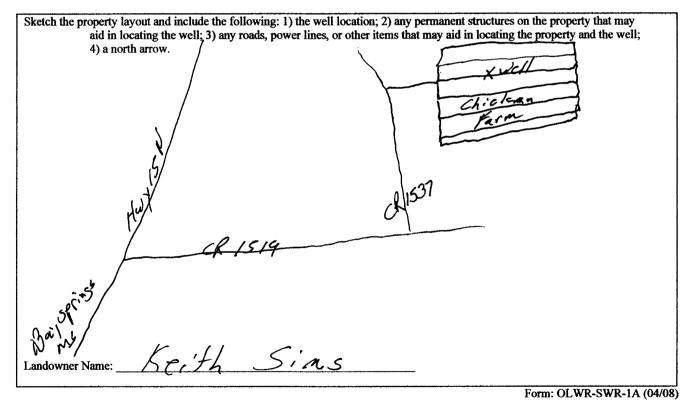
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Top Soil a Clay Sque	0	15
Same	15	110
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If more than one screen, show location of each on sketch



I 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

Received Ms Water Well Killing 4-22-2016 /

Print Name of Responsible Licensee and License No. (2-3.74)

Date

Signature of Licensee

APR 27 2016

By OLWR