County: Leftore Permit #: Driller: Charles M. N. Chols Date drilling completed: 6-8-17	Di Mississippi Departn Office of Lai P Jackso (6	VELL RE Part 1 riller's Log nent of Enviror nd and Water R .O. Box 2309 n, MS 39225-23 601)961-5210)360-0535 (fax	nmental Quality desources 309	For Office Use Only: Well #: \(\sum 2 \) \(2 \) Aquifer: \(\sum E-\text{Log #: } \)
State Law requires that this report Department at the above address v	t be prepared by the i	icense holder	responsible for th	e work and filed with the r borehole.
Well Owner Information (Landowner if borehole is not for a water well) Owner Name: Jim Couing to N		Latitude: <u>33</u> Method of Lat	Well or Borel 39 54.64 Long	nole Location gitude: <u>90 15° 27. 8°</u> : Conventional Survey
	1	HSGS guad	Hand-held GP	S . Survey-grade GPS

Telephone No. (Well / Borehole Data Date drilling started: 6-8-17 Date drilling completed: 6-8-17 Hole depth: 100 Hole diameter: 718 Location of the source of any surface water used for drilling: __ Method of dosing and volume of Chlorine used in drilling and development: 50 PPM Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Name of organization running log(s): **Ground Source Heat Pump** Geotechnical/Geological Investigation Purpose of borehole (circle one): Water Well **Seismic Survey** Other (describe) PECEIVED JAN 24 2011 VOLIMAR 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):_ If a flowing well, method of flow regulation: Valve _____ Other (describe) _ _feet [above or below] land surface Date measured: _ (circle one) Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Well depth: 100 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: ________feet Casing diameter: ____ ____inches Type of casing: __ Type of screen: ___PVC Screen length: _____feet Screen diameter: Screen slot size: ____inches BC) _feet to _ وعو Setting depth: From ____ Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development Other (describe):_ Top of lap pipe or reduction in casing: _ If telescoped or more than one screen, describe on next page

(Distance)

SW 1/2 SW 1/4, Sec 34 T 21 N R IW

(Nearest Town)

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

Nemative the second below only required for water wells well selectopes, show depths on sketch ound Level Description of formations encountered must be provided for all well and boreholes, unless smeathculfs exempted by regulations. Description of formations encountered must be provided for all well and boreholes, unless smeathculfs exempted by regulations. Per gravel 20 30 80 60 60 60 60 60 60 60 60 60 60 60 60 60	County: Leflure					Fo	r Office Use	Only:
well telescopes, show depths on sketch ound Level Description of Formations Encountered From (depth) To (dept				٠		1		1
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	applicable, and state	laws.			Chi.	ile.	M. 11	Local
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STATE WELL REPORT

Part 2

County: Leftere Permit #: Driller: Charles

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

For	Office Use Only:
Well #:	Dala
Aquifer	

Jack	son, MS 39225-2309			
Copy information from block on Part 1				
•	01) 360-0535 (fax)			
This part of the report must be completed by a licensed wat of the report must be attached and both parts filed with the	ter well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Jim Covington				
Mailing Address: 100 South Broadway	Method of Lat/Long (check one): Conventional Survey,			
u .	USGS quad, Hand-held GPS, Survey-grade GPS			
McComb Mb. 39648 City State Zip Code	SW 14 SW 14, Sec 24 T 21N R IW			
ļ -	Miles of (Distance) (Direction) (Nearest Town)			
Telephone No. ()	(Distance) (Direction) (New est 10m)			
Pump T	ype (circle one)			
Submersible Durbine Air Lift Centrifugal Flowing Wel	l Jet Piston Rotary Other (describe):			
Date Pump Installed: 6-8-17	Rated Pump Capacity: & Gallons Per Minute			
Is This Pump (circle one): Repaired Replacem	nent			
Power	Type (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO V				
Horse Power Rating of Motor:Setting De	epth: <u>80</u> <u>feet Number of Stages:</u> <u>N/A</u>			
Pump Test Date	ta for Non Flowing Well			
Date Well Tested: Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):			
Pump Test I	Data for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Mete	er Installation			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name: Type of Meter: Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Meter Installation Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter: Meter Serial Number: Meter Model Number Meter Model Number Meter Serial Number: Meter Model Number Meter Model Number Meter Serial Number: Meter Model Number Meter Model Numbe				
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.				
Print Name of Pump Installer and License No. (if applicable) Date Statute of Fump Installer				
Print name of rump installer and license no. (i) applica	Form-PT WR-SWR-2A (4/13			

es est

Untitled Map 3
Write a description for your map. RECEIVED JAM 24 2018 BY OL VR

Untitled Placemark