county: Lincoln	STATE WELL REPORT		450	
	Part 1		For Office Use Only:	
Permit #:	Mississippi Departi	riller's Log ment of Environmental Quality	Well #: N 67	
Driller: James M. Wells	Office of La	nd and Water Resources	Aquifer:	
Date drilling completed: 2.4-19		7.O. Box 2309 on, MS 39225-2309	E-Log #:	
	• (601)961-5210 l		
State Law requires that this area)360-0535 (fax)		
State Law requires that this report Department at the above address w	unin 30 auys of con	icense holder responsible for the spletion of drilling of the well o	ie work and filed with the r borehole.	
Well Owner Informati (Landowner if borehole is not for	ion l	Well or Borel	nole Location	
Owner Name: Marty Tri	Latitude: 21 04. 30 V Lon		gitude: 90° 20.31 W	
	Method of Lat/Long (check one)		94 19 - 334	
Mailing Address:	Q1.60			
3037 Melvin Mas	on Kd SE USGS quad, Hand-held GPS		S, Survey-grade GPS	
Brookhaven M5	3960 NW 14 NVV 14, Sec		DI TON ROLL	
City State	Zip Code of of			
Telephone No. (601) 754-60	175	(Distance) (Direction)	(Nearest Town)	
Date drilling started: 2-4-19 Date of Location of the source of any surface with Method of dosing and volume of Chloring Logs run (circle all applicable). No log run	ater used for drilling e used in drilling and	development: Granule	chloring	
Name of organization running log(s):			otici.	
Purpose of borehole (circle one): Water V	Well Geotechnica	l/Geological Investigation Gr	ound Source Heat Pump	
Seismic	: Survey Other (de			
		struction, skip the remainder o	f this block	
Purpose of Well (circle all applicable): H		D 111 2		
Other (describe): cattle		and supply migation F12	h Culture	
If a flowing well, method of flow regulat	ion: Valve	Other (describe)		
/ 1 / 2		and surface Date measured:	2-4-19	
Method of measurement (circle one) (Ste	el tape Electric tap	e Air line Other (describe):		
Well depth: 95 Well grouted to a de	epth of: 16e	Type of grout (circle one: Ne	eat Cement) Bentonite Mix	
Casing length: 75 feet Casing diameter: 4 inches Type of casing: DV				
screen length: 20 feet Screen diameter: 4 inches Type of screen: DVC				
creen slot size: .008 inches Setting depth: From 75 feet to 95 feet				

Type of completion (circle all applicable) Gravel packed Underreamed

____feet

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

Other (describe):_____

Top of lap pipe or reduction in casing: ___

Natural Development

Open hole

The sketch below only required for water wells. If well telescopes, show depths on sketch. Ground Level The property layout and include the following: 1) the well location 2) any permants 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: Marty Tripp 1 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. The sketch he low only required for water wells and boreholes, unless specifically exempted by requidations from the secondary of the medians. The sketch he low only required for all well and boreholes, unless specifically exempted by requidations. The sketch he low only required for all well and boreholes, unless specifically exempted by requidations. The sketch he low only specifically exempted by requidations for control of formations encountered must be provided for all well and boreholes, unless specifically exempted by requidations for control of formations encountered must be provided for all well and boreholes, unless specifically exempted by requidations for control of formations encountered from the well and boreholes, unless specifically exempted by requidations for control of formations encountered from the well and boreholes, unless specifically exempted for all well and boreholes and boreholes, unless specifically exempted for all well and boreholes and	County: Lincoln Permit #:				ł	r Office Use	
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If more than one serees, 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 power lines, or other items that may aid in locating the well. 4) north arrow Landowner Name: Marty Topp I HERESY 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. Topps Marty Topp Landowner Name: Marty Topp And 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.	If well telescopes, show dep	ths on sketch.	Description of E	ormations Enc	ountered	From (depth)	To (depth)
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	James IM. I.lells	00005889	2-14-19	Za	me !	m. Cred	ع
Print Name of Responsible Licensee and License No. Date Signature of Licensee Form: OLWR-SWR-1A (4/			Date				

STATE WELL REPORT

County: Lincoln Permit #: Date completed: Copy information from block on Part 1

Telephone No. (<u>60)</u>

Meter Manufacturer:

Part 2

Pump Installer's Completion Report

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)

For Office Use Only:		
Well #: N 67		
Aquifer:		

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 Longitude: スタ 50 64
Method of Lat/Long (check one): Conventional Survey_ Mailing Address: USGS quad_____, Hand-held GPS_____, Survey-grade GPS NW 1 NW 14. Sec 21

Pump Type (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):			
Date Pump Installed: 24-19 Rated Pump Capacity: 12 Gallons Per Minute			
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: Setting Depth: feet Number of Stages:			
Pump Test Data for Non Flowing Well			
Date Well Tested: 2-4-19 Duration of Pump Test (minimum 4 hours): 4 hours			
Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): 50 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 Data for Flowing Well			
Measured shut in head:feet.			
Well yieldedGPM with a drawdown offeet_afterhours of pumping			
Meter Installation			

Meter Model Number/Name:	lype of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired F	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.					
LHERERY CERTIFY that the above statements are	true to the best of my knowledge.				

Meter Serial Number:

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

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