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STATE WELL REPORT: 3

Part 1 For Office Use Only: Driller's Log Well #: A99 Mississippi Department of Environmental Quality Office of Land and Water Resources Aquifer: P.O. Box 2309 Jackson, MS 39225-2309 E-Log #: Date drilling completed: (601)961-5555 (601)961-5228 (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 Well or Borehole Location (Landowner if borehole is not farla water well) Developmen 34-59-38 Method of Lat/Long (check one): Conventional Survey USGS quad . Hand-held GPS \swarrow , Survey-grade GPS Zip Code Telephone No. ((Distance) (Direction) Well / Borehole Data Date drilling started: 6-37 Date drilling completed: 6-37 Hole depth: 350 Hole diameter: Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: 10 165 pouder Logs run (check all applicable): log run Electric amma Ray bensity Sonic Neutron Other: Name of organization running log(s): ___ Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture Other (describe): Fire ocitation If a flowing well, method of flow regulation: Valve ______ Other (describe) Static Water Level: 166 feet above or below] land surface Date measured: 67-3-2018 (check one) Method of measurement (check one) \square steel tape \square Electric tape \square Air line \square Other (describe): Well depth: 250 Well grouted to a depth of: 200 feet Type of grout (check one) Neat Cement Bentonite Mix Casing length: メルじ feet Casing diameter: inches Type of casing: Screen length: Screen diameter: inches Type of screen: Setting depth: From 250____inches _feet_to __ Type of completion (check all applicable) Travel 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

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

County:	Marghall
Permit #:	MS-GW-17384

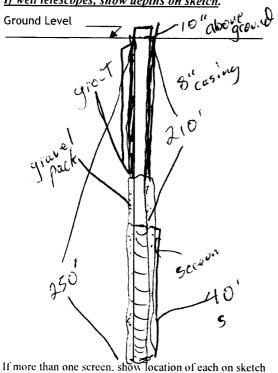
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The sketch below only required for water wells

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

<u>If</u>	well	telescopes,	show	depths	on	sketch.



Print Name of Responsible Licensee and License No.

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top soel	Ground level	5'
Biown Clay	5'	15'
Lea Save / Sure stan	15'	60'
icaige Surel	60'	250
		····

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

Later 72

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.

UNR COCCOC 7-26-2018

Signature of Licensee

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STATE WELL REPORT County: Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Agg Office of Land and Water Resources Date completed: 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: <u>l'anaattoni</u> Veuclopment _Longitude: -89.5925 Mailing Address: 7887 & Bellview Au Method of Lat/Long (check one): Conventional Survey USGS quad_____, Hand-held GPS_11/2, Survey-grade GPS_ SE 14 SN 14, Sec 14 T 15 R 4 W Telephone No. (Pump Type (check one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 7-20-2019 Rated Pump Capacity: 250 Gallons Per Minute Is This Pump (check one): New Repaired Replacement Power Type (check one) Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): _____ Horse Power Rating of Motor: 25 Setting Depth: 180 feet Number of Stages: _ Pump Test Data for Non Flowing Well Date Well Tested: 7-20-2018 Duration of Pump Test (minimum, 4 hours): 6 Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Method of measurement (check one): Steel tape **□**Electric tape □Air line □Other (describe): _ Pump Test Data for Flowing Well Measured shut in head: _____feet. Well yielded ____GPM with a drawdown of ___ feet after __hours of pumping Meter Installation Meter Manufacturer: ______ Meter Serial Number: _____ Meter Model Number/Name: _____ Type of Meter:_____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____ Installation Date: ___ Meter installed by: Is This Meter (check 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. latur UNR-0000000 7-31-208

Date

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

Form: OLWR-SWR-2A (4/13)

Signature of Pump Installer