STATE	WELL REPORT	For Office Use On
PEAK River Co	Part 1	- 100
Lounty: <u>P 777 - T</u>	Priller's Log	
h 14/1 A Office of I	tment of Environmental Quality and and Water Resources	Aquifer:
Driller: $\frac{UIII}{UIII}$	P.O. Box 2309 son, MS 39225-2309	E-Log #:
Date drinking completed.	(601)961-5210	
(60	01)360-0535 (fax)	
State Law requires that this report be prepared by the	e license holder responsible for the self (he work and filed with the or borehole.
State Law requires that this report be prepared by the Department at the above address within 30 days of co Well Owner Information	A la	hole Location
(Landowner if borehole is not for a water well)	Latitude: 50505 Lor	ngitude: <u>8945-</u>
Owner Name: MichAel KANg	Method of Lat/Long (check one	
Mailing Address: 47 Cougar Riope		
Mailing Address: 39470	USGS quad, Hand-held G	PS, Survey-grade GP:
- Unprit running mg sine	NE 1/4 NE 14, sec_	18 Ta DR
City State Zip Code	Miles NW a	BOGALASA, No
Telephone No. ()	(Distance) (Direction)	(Nearest Town)
/ Well Date drilling started: <u>۱/۲/۱/</u> Date drilling complete	Borehole Data	
the start of design and volume of Chlorine used in drilling		
Method of dosing and volume of Chlorine used in drilling	and development	on Other:
Logs run (circle all applicable): No log run Electric Gar	nma Ray Density Sonic Neutr	on Other:
Logs run (circle all applicable): No log run Electric Gar Name of organization running log(s):	mma Ray Density Sonic Neutr	
Logs run (circle all applicable): No log run Electric Gar Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotech	nma Ray Density Sonic Neutr 	
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Logs run (circle all applicable): No log run Electric Gar Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotech	mma Ray Density Sonic Neutr nnical/Geological Investigation er (describe)	Ground Source Heat Pump er of this block
Logs run (circle all applicable): No log run? Electric Gar Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotech Seismic Survey Other If drilling is not related to water well	nma Ray Density Sonic Neutr nnical/Geological Investigation er (describe) I construction, skip the remainder	Ground Source Heat Pump
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County:
Permit #:

If well telescopes, show depths on sketch.

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Ground Level

For Office Use Only:
Well #: E108
11ett # 2

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The sketch below only required for water wells

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

Description of Formations Encountered From (depth) To (depth) Ground level TOP Soit O / SAND & GrAvel 1 /10 ClAY /20 SAND /20 /55 SAND /20 /55

If more 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	
E Sol	
to yar one	
Tel Cross-BOAG	l_{c}
N143 101101	2
Here a	-
	1
BO9A/45A	1
0-04777	
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 regulatio	ns,
if applicable, and state laws.	.
+ =	-
WILLE JORAN U-508 1/2/16	_
Print Name of Responsible Licensee and License No. / Date Signature of Licensee	
Form: OLWR-SWR-1A (4115)

STATE WELL REPORT Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Well #:
Pump Installer's Completion Report Mississippi Department of Environmental Quality Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax) Of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 Neted and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Owner Information Well Cocation Well Owner Information Wethod of Lat/Long (check one): Conventional Survey
$\frac{1}{1} \frac{1}{1} \frac{1}{2} \frac{1}$
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Leted: $1/5/1/L$ Aquifer: $1/5/1/L$ Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)Aquifer: $1/6$ the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I (601) 360-0535 (fax)Well contractor or a licensed pump installer. A copy of Part I (B01) 360-0535 (fax) $1/6$ the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I (B01) 360-0535 (fax)Well contractor or a licensed pump installer. A copy of Part I (B01) 400 and both parts filed with the Department at the above address within 30 days of well completion.Well Owner Information me: $1/1 \in hAe_1 = Aw_q$ (Aw_q (dress: $4/2 - 5/2 - 5$ Longitude: $1/1 \in hAe_1 = Aw_q$ (dress: $1/2 \oplus 4/2 - 1/2$ (Matesside and both parts filed with the Department at the above address within 30 days of well completion.Well Owner Information me: $1/1 \in hAe_1 = Aw_q$ ($M = 3.9476$)Udress: $4/2 \oplus 6/2 \oplus 7/2 \oplus 7/2$ ($M = 3.9476$)Method of Lat/Long (check one):Conventional Survey, ($M = 3.9476$)USGS quad ($M = 1.44667$) $4/2 \oplus 7/2 \oplus 7/2$ ($M = 1.44667$) $1/2 \oplus N_0$ $1/2 \oplus 6/2 \oplus 7/2 \oplus 7/2$ $1/2 \oplus N_0$ $1/2 \oplus 7/2 \oplus 7/2$
Immation from block on Part 1 (601)961-5210 (601) 360-0535 (fax) of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 ort must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information me: Mi e hAei Method of Lat/Long (check one): Conventional Survey, Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Vultarial (Distance) State Zip Code Variable Miles Miles Must (Direction) Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS
(601) 360-0535 (fax) (601) 360-0535 (fax) of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I on the above address within 30 days of well completion. Well Owner Information Well Downer Information Mile: Aei Aug Atrust 10 g w Method of Lat/Long (check one): Conventional Survey
of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 ort must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information me: <u>MichAel Awg</u> Idress: <u>#7 CougAr Ridge</u> Arv. II@, <u>Ms 39476</u> State Zip Code No. () State Zip Code Pump Type (circle one)
Well Owner Informationme: $Mi \in Aei$ Awg Latitude: $30-5C-5$ Longitude: $89-45-12$ Latitude: Aei Awg Method of Lat/Long (check one):Conventional Survey
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Interse Image: CougAr Ridge Idress:
$\frac{A_{FV} (1/\omega)}{Ms} \frac{Ms}{39476} \qquad USGS quad_, Hand-held GPS_, Survey-grade GPS_ State Zip Code \frac{M\omega}{(Distance)} of \frac{BO9A/usA/A}{(Nearest Town)} Pump Type (circle one)$
$\frac{1}{\sqrt{1 + \frac{1}{\sqrt{1 + \frac{1}{1 + \frac{1}{1 + \frac{1}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}$
State Zip Code $\frac{\sqrt{4} \sqrt{26}}{(Distance)} \sqrt{4}, Sec_{1} \sqrt$
Pump Type (circle one)
Pump Type (circle one)
Pump Type (circle one)
State of the state
le) Turbine Air Lift Centrifugal Howing Well Oce Pump Capacity:Gallons Per Minute
no (circle one): New Repaired Replacement
Power Type (Cricic Sile)
Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
ver Rating of Motor: Setting Depth:feet Number of Stages:
Pump Test Data for Non Flowing Well
Duration of Pump Test (minimum 4 hours): hours
(rested:
Iter Level (M).
rs [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gattons Fer Mindee
(circle one): Steel tape Electric tape Air line Other (describe):
Pump Test Data for Flowing Well
I shut in head:feet. dedGPM with a drawdown of feet_afterhours of pumping
Meter Installation
anufacturer: Meter Serial Number:
odel Number/Name: Type of Meter:
r Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Register Unit and Multiplier Factor (AF X .001, gai X 1000, etc).
ion Date: Meter installed by:
leter (circle one): New Repaired Replacement
ofor (rirrip une). Hew Repared the set
and a standar was installed to multiplication of
and a standar was installed to multiplication of
tant: By submitting the above information you are certifying that this meter was installed to manufacturer statuted to For agricultural wells, a list of approved meters is on the MDEQ website.
tant: By submitting the above information you are certifying that this meter was installed to manufacturer statute to For agricultural wells, a list of approved meters is on the MDEQ website. Y CERTIFY that the above statements are true to the best of my knowledge.
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