Permit #: Driller: Harrington Date drilling completed: 7/21/18	County: Pearl River
m/- 1.	
Date drilling completed: 7/21/18	Driller: W Harrington
•	Date drilling completed: 7/21/18

STATE WELL REPORT

Part 1

Driller's Log
Mississippi Department of Environmental Quality

For Office Use Only:	
Well #: <u>K94</u>	
Aquifer:	
E-Log #:RECE	1/1

Direct.	nd and Water Resources	Aquiler.	ļ	
P.O. Box 2309 Jackson, MS 39225-2309 E-Log #:				
	601)961-5210	NECE	VE	
•)360-0535 (fax)	ALIC 2.2		
State Law requires that this report be prepared by the	licansa holdar rasnonsibla for t	AUG 23	2018	
Department at the above address within 30 days of con			' A 1 F	
Well Owner Information		ehole Location	ıVF	
(Landowner if borehole is not for a water well)	Latitude: 30 48 43.50 Lor		811	
Owner Name: Kanne Fintan	•	At Conventional Survey		
Mailing Address:		e): Conventional Survey,		
Old Comp Pd.	USGS quad Hand-held G	_ / / . /		
Paplarille MG 394TO	NW 1/4 5W 1/4, Sec.	2 7 35° R 11W		
City State Zip Code	B_Miles Wo	1 Poplamille		
Telephone No. ()	(Distance) (Direction)	(Nearest Town)		
Well / R	orehole Data	_	l	
Date drilling started: 7/12/18 Date drilling completed:		Hole diameter: 67/8"		
Location of the source of any surface water used for drilling				
Method of dosing and volume of Chlorine used in drilling ar	nd development: 1 Galla	5.25 % Hy Pochle vel	Tolo	
Logs run (circle all applicable: No log run Electric Gamm	na Ray Density Sonic Neutro	on Other:		
Name of organization running log(s):				
Purpose of borehole (circle one) Water Well Geotechnic	cal/Geological Investigation	Ground Source Heat Pump		
Seismic Survey Other (describe)			
If drilling is not related to water well co	onstruction, skip the remainder	of this block		
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation	Fish Culture	İ	
Other (describe): Cattle Water				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 77 feet [above or below (circle one)	land surface Date measured	1: 1/21/18		
Method of measurement (circle one). Steel tape Electric t		1		
Well depth: 40 Well grouted to a depth of: 10 for				
Casing length: 130 feet Casing diameter: 4 inches Type of casing: Put				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PUC				
Screen slot size: 1008 inches Setting depth: From 130 feet to 1401 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet				

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

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

County: Pearl Rever		For Office Use	e Only:
Permit #:		Well #: <u>K94</u>	RECEIVE
The sketch below only required for water wells	Description of formations en and boreholes, unless specifi	ncountered must be provid ically exempted by regulat	led for add wells tions 23 2018
If well telescopes, show depths on sketch. Ground Level	Description of Formations Enco	ountered From (depth) Ground level	B HO GOOD WI
	Dangdy Fear	v O	1,5
	red sents	clay 25'	35
	Fin White	924	75
	mos Ton so	nd 100-	100 T
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 3) any roads, power lines, or other items that may aid 4) north arrow	y aid in locating the well d in locating the property and the we	HILY FORNEL	11
	• Golon Wel	n l	Rd
	ALL Parl	wo	
Clad comp Red Geste			
1001			
Landowner Name: Ronnie	Centan		
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Enviroif applicable, and state laws.	d, constructed, and completed in onmental Quality and the Mississi	n accordance with all app ippi Department of Healti	licable n regulations,
Print Name of Responsible Licensee and License No.	8/1/18 (C)	Havungen Signature of Licensee	
	White Manager and Joseph St. Committee of the Committee o		R-SWR-1B (4/13)

STATE WELL REPORT

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

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

For Office Use Only:	
Well #:K94	
Aquifer:	

(601) 360-0535 (fax)		
	r 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: Kannie Gentan	Latitude: 30°48' 43,50°Longitude: 38°40' 37.55°2		
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,		
Mailing Address:	USGS quad, Hand-held GPS, Survey-grade GPS		
Poplovalle MS 74470 State Zip Code	NW 1/4 5 W/4, Sec 2 T 35 R/74		
City State Zip Code	8 Miles 14/ of Pahlamin 18		
Telephone No. ()	(Distance) Miles (Direction) of Poplorullar (Nearest Town)		
Pump Ty	pe (circle one)		
	Jet Piston Rotary Other (describe):		
, ,	Rated Pump Capacity:		
Is This Pump (circle one): New Repaired Replacemen			
•	pe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Win			
Horse Power Rating of Motor: 13 HP Setting Dept	th:feet Number of Stages:		
Pump Test Data	for Non Flowing Well		
7/9:/	Duration of Pump Test (minimum 4 hours):hours		
Static Water Level (A): 77' Feet Below Land Surface Pumping Water Level (B): 90' Feet Below Land Surface			
	face Test Pumping Rate: Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric ta			
Pump Test Date	ta for Flowing Well		
Measured shut in head:feet.			
Well yieldedGPM with a drawdown of	feet afterhours of pumping		
Meter	Installation		
Meter Manufacturer:	Meter Serial Number:		
Meter Model Number/Name:	Type of Meter: RECEIVED		
Totalizer Register Unit and Multiplier Factor (AF \boldsymbol{x} .001, gal	x 1000, etc):AUG_ 2 3 _2018		
Installation Date: Meter installed by: _	DV () M/D		
Is This Meter (circle one): New Repaired Replacement	ent BY OLVVR		
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	e best of my knowledge.		
AL HARRINGTAN 0-564	8/1/18 al Harmoton		
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer		

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