	0 10
	ear / River
Permit #: _f	MS-6W-17276
Driller: L	gran Well
Date drilling	completed: 7/28/16
State La	iw requires that this report l
Deparin	nent at the above address wi
	Well Owner Information

STATE WELL REPORT Part 1

Driller's Log

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 #:	l
Aquifer:	
E-Log #:	-

rt be prepared by the license holder responsible for the work and filed with the within 30 days of completion of drilling of the well or borehole.

(Landowner if borehole is not for a water well)	Well or Borehole Location	
	Lattitude: 3/1 34 7 (see) ongitudo.	corrected using
Owner Name: Hiole-A-Way-Lake Mailing Address: 5/6 East Lake shore Dr	27.8 Method of Lat/Long (check one): Conventional Survey,	aerial
Mailing Address: 370 East Lake shorts		photo
	USGS quad, Hand-held GPS, Survey-grade GPS	
Currier MS 39426 City State Zip Code	NW 1/4 NE 1/4, Sec 3/ T 55 R 16W	
	Miles	
Telephone No. (601) 798-1484	Miles of (Distance) (Direction) (Nearest Town)	
Well / Po		
Date drilling started: 5/13/16 Date drilling completed:	7/48/// Holo double 97/4 13/47	
Location of the source of any surface water used for drilling		
Method of dosing and volume of Chlorine used in drilling and		
Logs run (circle all applicable): No log run Electric Gamma	Ray Density Sonic Neutron Other:	
Name of organization running log(s): 1 EACO		
Purpose of borehole (circle one) Water Well Geotechnica	l/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (<i>de</i>		
	struction, skip the remainder of this block	
Discourse of Malli ()		
Other (describe):	Public Supply Irrigation Fish Culture	
If a flowing well, method of flow regulation: Valve	Other (describe)	
Static Water Level: 48 feet [above or below] la (circle one)	and surface Date measured: 7/28/16	
Method of measurement (circle one): Steel tape Electric tape	Air line Other (describe)	
Well depth: $\frac{972}{}$ Well grouted to a depth of: $\frac{911}{}$ feet	Type of grout (sizely and)	
Casing length: 9// feet Casing diameter: 12	Type of grout (circle one): Neat Cement Bentonite (Mix)	
	211	
Al C		
secting depth. The	1666	
Type of completion (circle all applicable) Gravel packed	Inderreamed Open hole Natural Development	CEIVE
Other (describe):		
Top of lap pipe or reduction in casing: $83/$ feet	07-	16-20

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

07-16-2019 BY OLWR

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

Permit #: M5-64/-17276
Termen. True of True

The sketch below only required for water wells

f well telescopes	. show	denths	on sketch
T TOO CO P CO	GILLIF	ucpins	on shelli.

RECEIVED 07-16-2019 BY OLWR

For	Office	Use	Only:
	OHILL	CSC	Only.

Well #: __V144

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

Ground		K	7		
			ACCA STATE		
			83	1 Topot 155 Sch.	
		1	78	23 Scp,	•
			1 9/	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
		1 2 2	5 6	015 304 S	5.
	, (1	12'	
	Jo woled 150 cut of 1673	an	,		
	150 cu?	56			
	800	ive			
more th	an one screen	show loca	ation of eac	ch on sketch	

Description of Formations Encountered		To (depth
190501	Ground level	21
Sand	2'	60
Clay.	60'	180
sand	180	235
sand clas skod clas	225	280
5 Rod	280	313
clas	3/3	500
Sind Clay Sind	500	740
clas	740	842
Send	842	972

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

Seemap

Landow	ner	Na	me:
_	-		

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.

hadner 0-640 Print Name of Responsible Licensee and License No.

Signature of Licensee

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

STATE WELL REPORT

Permit #: MSGW-17276 Driller: Lynan Well Date completed: 11-2-16

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

(601) 360-0535 (fax)

For Office Use Only:	
Well #:	
Aquifer:	

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D.	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: Hide-A-Way-Lake	Latitude: 10 74 34 1/1/ Longitude: 0 / 2×c	corrected using
Mailing Address: 510 East Lorkeshore Dr.	Method of Lat/Long (check one): Conventional Survey,	aerial
	USGS quad, Hand-held GPS, Survey-grade GPS	photo
Carrier MS 39426 City State Zip Code	NW 14 NE 14, Sec 31 T 55 R 16W	
Telephone No. (601) 298-1484	Miles of (Distance) (Direction) (Nearest Town)	
Pump Typ	e (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):	
Date Pump Installed: 10-12-16 Ra	ated Pump Capacity:Gallons Per Minute	
Is This Pump (circle one): New Repaired Replacement		
Power Typ	pe (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	mill Other (describe):	
Horse Power Rating of Motor: 40 Setting Depth	n: 160 feet Number of Stages: 5	
Pump Test Data fo	or Non Flowing Well	
Date Well Tested: 7/28/16	Duration of Pump Test (minimum 4 hours): 24 hours	
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): 57' Feet Below Land Surface	
Drawdown [(B) - (A)]:Feet Below Land Surface	ice Test Pumping Rate: 548 Gallons Per Minute	
Method of measurement (circle one): Steel tape (Electric tap	De Air line Other (describe):	
Measured shut in head: Management Pump Test Data feet.	a for Flowing Well	
Well yielded NA GPM with a drawdown of	feet afterhours of pumping	
Meter In	stallation	
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 (circle one): New Repaired Replacement	t	
Important: By submitting the above information you are certified For agricultural wells, a list of approximation and the submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitting the above information you are certified as a submitted as	tifying that this meter was installed to manufacturer standards. oved meters is on the MDEQ website.	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of

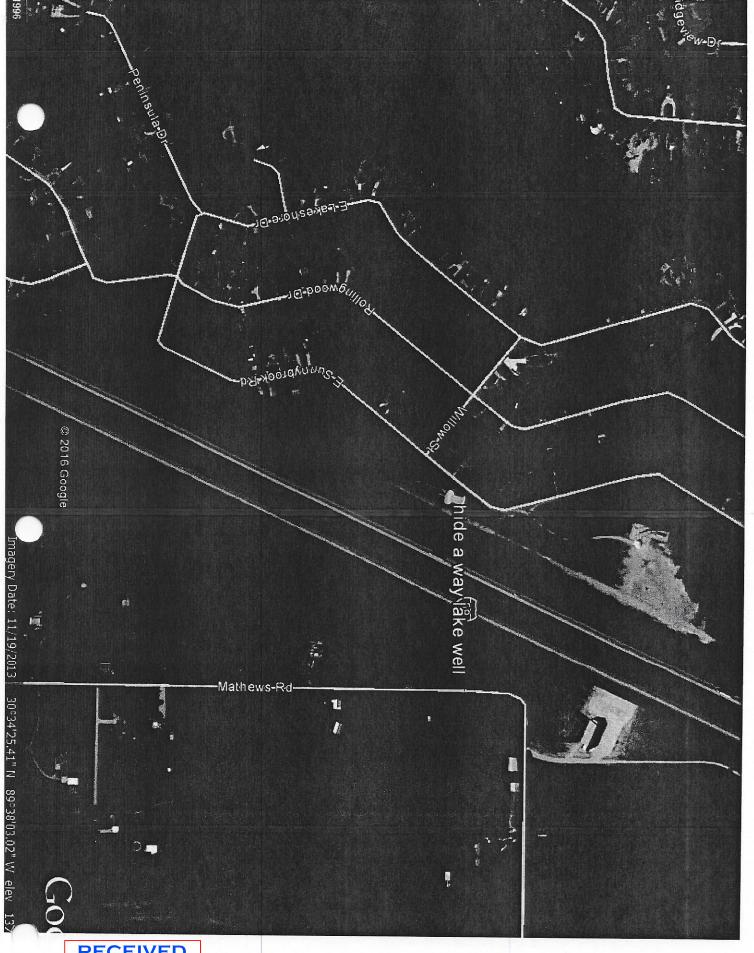
NOV 14

2016

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

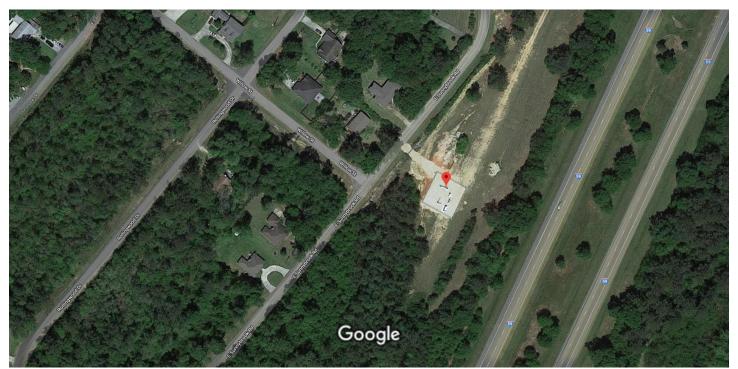
Signature of Pump Installer

Form: OLWR-SWR-18 (4/)13) \ \

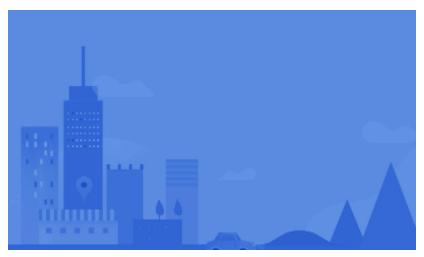


RECEIVED 07-16-2019 BY OLWR

Google Maps 30°34'27.8"N 89°38'01.8"W



Imagery ©2019 Google, Map data ©2019 50 ft ∟



30°34'27.8"N 89°38'01.8"W

30.574401, -89.633845











Directions

Save

Nearby

Send to your phone

Share



5169310000000300, MS 39426

H9F8+QF Picayune, Mississippi

1 of 1 7/16/2019, 11:59 AM

