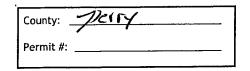
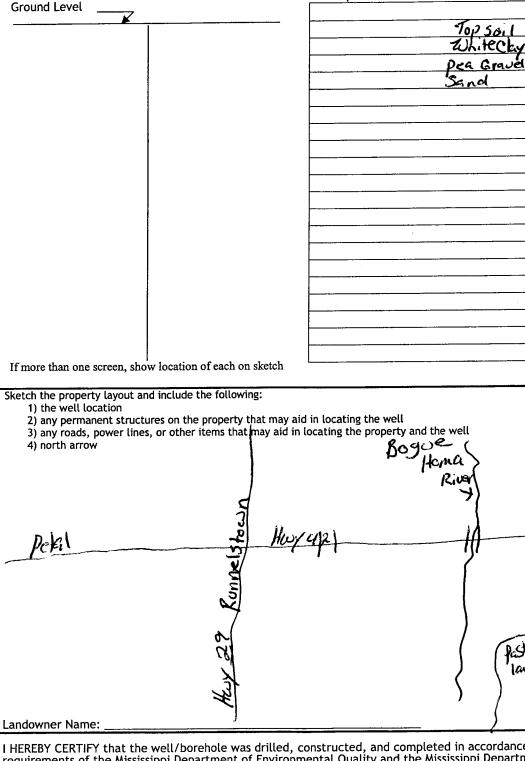
STATE WELL REPORT			14.5	
County: <u>Perry</u> Permit #: Driller: <u>JOSH BOONE</u> Date drilling completed: <u>10-31-18</u>	Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5555 (601)961-5228 (fax)		For Office Use Only: Well #:	
State Law requires that this report Department at the above address w	be prepared by the l ithin 30 days of con	license holder responsible for the selection of drilling of the well of the selection of th	he work and filed with the or borehole.	
Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Ilendell</u> <u>BackStrom</u> Mailing Address: <u>(or Wendell Rd</u>		Well or Borehole Location Latitude: 31.349.8667 Longitude: 89.0099950 Method of Lat/Long (check one): Conventional Survey,		
Kichton MS City State Telephone No. (601) 689 - 014	39476 Zip Code		PS	
	Well Geotechnic c Survey Other (a		Ground Source Heat Pump	
Purpose of Well (check all applicable):	Home	Public Supply Irrigation	Fish Culture	
Other (<i>describe</i>): If a flowing well, method of flow regula Static Water Level:48feet Method of measurement (<i>check one</i>) AS Well depth:10 Well grouted to a of Casing length:0feet Cas Screen length:6feet Sc Screen slot size:8inches Type of completion (<i>check all applicable</i>	tion: Valve above or description (check one) teel tape Electric t depth of: <u>10</u> fe sing diameter: Setting depth:	Other (describe)	ed:10-31-18 : Neat Cement Bentonite Mix asing: creen:SAW SIOF feet	
Other (<i>describe</i>): Top of lap pipe or reduction in casing: _				
• • • • • • •		ie screen, describe on next pag	e	



The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Well #: ____

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top Soil WhiteChy Pea Graved Sand	0	2
Whitecky	2	18
Pea Gravel	18	82
Sand	82	110
-		

Þ O Rigu land あった 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. 8683 Signature of Licensee bsh one Print Name of Responsible Licensee and License No. Date Form: OLWR-SWR-1B (4/13)

· · · ·	STATE W	ELL REPORT					
County: Jerry Co		Part 2	For Office Use Only:				
Permit #:	Pump Installer's Completion Report		•				
Driller: Josh Boone	Mississippi Department of Environmental Quality Well #: <u>BIIG</u> Office of Land and Water Resources						
Date completed: 10-31-18	P.O. Box 2309		Aquifer:				
Copy information from block on Part 1	((501)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: Wendell Bocks	trom	Latitude: <u>31.349 8(47</u> Longitude: <u>89,0094950</u>					
Mailing Address: 60 wendell	<u>rd</u>	Method of Lat/Long (check one): Conventional Survey,					
	USGS quad, Hand-held GPS, Survey-grade GPS						
Richton MS City State	39474	DN W 14 SW 14, Sec_	33 T SN R ICW				
		<u> </u>	Richton				
Telephone No. (60) 689-014	7	(Distance) (Direction)	(Nearest Town)				
Pump Type (check one)							
Submersible Turbine Air Lift Centrifugal Flowing Well Det Piston Rotary bther (<i>describe</i>):							
Date Pump Installed: 10-31-18 Rated Pump Capacity: 22 Gallons Per Minute							
Is This Pump (check one): 🔀 New Repaired Replacement							
		be (c heck <i>one</i>)					
Electric Diesel Gasoline Natural Gas							
Horse Power Rating of Motor: 34 Setting Depth: $80 ff$ feet Number of Stages: 10							
	Pump Test Data	for Non Flowing Well					
Date Well Tested:	<u></u>	Duration of Pump Test (minimu	im 4 hours): <u>4</u> hours				
Static Water Level (A): <u>48</u> Feet Below Land Surface Pumping Water Level (B): <u>5</u> Feet Below Land Surface							
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:22 Gallons Per Minute							
Method of measurement (check one): Steel tape 🛛 Electric tape 🗔 Air line 🗍 Other (describe):							
	Pump Test Data for Flowing Well						
Measured shut in head: <u>48</u> feet.							
Well yielded GPM with a drawdown of feet after hours of pumping							
Meter Installation							
Meter Manufacturer:	Neter 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.							
Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer							
Print Name of Pump Installer and License	No. (if applicable)	Date Signatu	re of Pump Installer				

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