State W	ell Report	,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
County: Percy Part 1-1	Priller's Log	For Office Use Only:	
Permit#: Mississippi Departmer	nt of Environmental Quality	Aquifer:	
P.O.	Box 2309	Well #: 196	
oudiou.), MS 39225 961- 5210	L. S. Elevation:	
	1-5228 (fax)	E-log#:	
State Law requires that this report be prepared by the lic	ense holder resnonsible for t		
Department at the above address within 30 days of comp	letion of drilling of the well	or borehole.	
Information on Well Owner (Landowner if borehole is not for a water well)		rehole Location	
Owner Name Shan Josdan		" Longitude: <u>\$8 ° 51 '59 "</u>	
Mailing Address: / Sylvesper Cemetry Rd	Method of Lat/Long (circle on		
	USGS quad, Hand-held	GPS, Survey-grade GPS	
R 2000	N 4-60 4 Sec 34	GPS, Survey-grade GPS Twn 3 N Rng 9 W	
Deguneat Ms 39423 City State Zip Code	Distance Direction	Nonrost Town	
Telephone No. (601) 588-0123	S Miles East	Nearest Town of <u>Begunsont</u> MS	
. Well/Bore	hole Data		
Date drilling started: $3/5$ Date drilling completed: $3/8$			
· · · · · · · · · · · · · · · · · · ·	•	<u>.</u>	_
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development.	lington Commo	. Water System VE	D
Logs run (circle all applicable). No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:APR 1 1 2018	8
Purpose of borehole (check one): Water Well & Geotechnical/Geole	gical Investigation Ground	Source Heat Pump_BY OLW	1K
Seismic Survey Other (describe)		BIO	
If drilling is not related to water well construction	, skip the remainder of this blo	ock	
Purpose of Well (check one): HomeIndustrialPublic Supply	IrrigationFish Culture_	Other. Chicken Farm	
•	her (describe)		
Static Water Level: 45 feet above or below (circle one) la	and surface Date measured:_	3/7/2018	
Method of Measurement (circle one) steel tape electric tape		Freaz	
Well depth: 110 Well grouted to a depth of 20 feet Type		ent Bentonite Mix	
Casing length: 90 feet Casing diameter: 4	_inches Type of casing:	FUC	
Screen length: 10 feet Screen diameter: 4	_inches Type of screen:	PUC	
Screen slot size: 10 inches Setting depth: From_	90 feet to 1	i O feet	
Type of completion (circle all applicable): Gravel packed Under	eamed Telescoped Open l	nole Natural Development	
Other (describe):			
	scoped or more than one scree	n, describe on next page	
Southern Ms Water Well Dr. 111.	39 Roud	Form OLWR-8WR-1A (04/08)	

4-8-2018

STATE WELL REPORT

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 (601)961-5210 (601)961-5228 (fax)

For Office Use Only	
Aquifer:	
Well#: J96	
Elevation:	

Copy information from block on Part 1 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**

Mailing Address:

Longitude: \$8.5/ Method of Lat/Long (check one): Conventional Survey_ Hand-held GPS , Survey-grade GPS Miles East of Beaumont MS

	Pump Ty Circle or			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Nat	tural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Trac	tor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	F	ECE!
Other (specify):			Horse Power Ratin	ng of Motor:	hp	<u>NPR</u> 11
Date Pump Installed:	-3/7	12018	Setting Depth:	100	feet	200
Rated Pump Capacity	r. 30	Gallons Per Minute	Number of Stages:	15		B10

Pump Test Data Method of Measuring Water Level Circle one 3-7-2018 Date Well Tested: Air Line **Electric Measuring Line** Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify) Pumping Water Level (B): 70 Feet Below Land Surface Drawdown [(B)-(A)]:_ Feet Below Land Surface For flowing well, measured shut in head: **Test Pumping Rate:** Well yielded $\sqrt{5-5}$ Gallons Per Minute GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping

I HEREBY CERTIFY that the above statements are tru	ue to the best of my knowledge.
Southern Ms Water Wel	1 Parda

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

Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

4-8-2018

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

			Description of kormations Encountered	Gross (dor4h)	To /do-4
Ground L	<u> </u>		Description of Formations Encountered		To (dept
			Top Soil & Clay	Ground Level	12
			6/47/	10	
			Sand	125	110
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If more the	an one screen, show loca	tion of each on skatch		,	
				1112	Laji
			F	ZECEIVE	Laji Suses ED
			F	APR 11 21 BY OL	Lajis ED 018 WR
,				APR 11 21 BY OL	Lajiinses ED 018 NR
			F	APR 1121 BY OL	Laji Juses ED 1018 NR
andowner Na	me:			APR 11 21 BY OL	Lajis ED 118 NR
	me:				Be
ndowner Na			Form	: OLWR-SWR-1A	(04/08)
ndowner Na		iled, constructed, and co		: OLWR-SWR-1A	(04/08)
andowner Na	e well/borehole was dril		Form possible of the second se	:: OLWR-SWR-1A	(04/08)
idowner Na	e well/borehole was dril	ntal Quality and the Mis	Formompleted in accordance with all applicable ssissippi Department of Health regulations.	:: OLWR-SWR-1A	(04/08)
downer Na	e well/borehole was dril	ntal Quality and the Mis	Formompleted in accordance with all applicable ssissippi Department of Health regulations.	:: OLWR-SWR-1A	(04/08) the
downer Na	e well/borehole was dril	ntal Quality and the Mis	Formompleted in accordance with all applicable ssissippi Department of Health regulations.	:: OLWR-SWR-1A	(04/08) the
downer Natitive that the issippi Dep	e well/borehole was dril partment of Environmen on Mg Whete	ntal Quality and the Mis # 1 V Well#3	Form ompleted in accordance with all applicable esissippi Department of Health regulations $3 \sim 4J - 2 \approx 10^{-2}$	r: OLWR-SWR-1A requirements of t , if applicable, and	(04/08)
downer Natify that the ssippi Dep	e well/borehole was dril	ntal Quality and the Mis # 1 V Well#3	Formompleted in accordance with all applicable ssissippi Department of Health regulations.	c: OLWR-SWR-1A requirements of t , if applicable, and	(04/08)

The sketch below only required for water wells