STATE WE	LL REPORT	
	art 1	For Office Use Only:
	or's LOT	Well #:
unty / ///	t of Environmental Quality	
Office of Land a	and Water Resources Box 2309	Aquifer:
There is well Source	MS 39225-2309	E-Log #:
iller: $(2 - 2 - 8)$ (601)961-5555	
ate drilling completed:	61-5228 (fax)	
	1 11	the work and filed with the
State Law requires that this report be prepared by the lice	ense noticer responses in grant of the well	or borehole.
Demanting and all the above dual cost weeks		
Well Owner Information (Londowner if borehole is not for a water well)	atitude: 31°17 13.8" Lo	pongitude: $\frac{90^{\circ}30^{\circ}53^{\circ}}{10000000000000000000000000000000000$
PFR Minerals	Nethod of Lat/Long (check of	ne): Conventional Survey,
Owner Name:	ISGS quad . Hand-held	GPS, Survey-grade GPS
	SE K NE K, Se	J9 TAN RTL
<u>Summet</u> <u>MS</u> . City State Zip Code		of
City State Lip code	(Distance) (Direction)	of (Nearest Town)
Telephone No. ()	(Distance) (Direction)	
	orehole Data	C: 4
Well / Bo Date drilling started: <u>3-30-15</u> . Date drilling completed: Location of the source of any surface water used for drillin Method of dosing and volume of Chlorine used in drilling ar	8	
Logs run (check all applicable): Logs run Electric Lamn	na Ray Density Donic Ne	utron Other: KEOE 15 2018
Purpose of borehole (check one): Water Well Geotechni Seismic Survey Other		BAOCC
Is Lilling is not related to water well C	onstruction, skip the remain	nder of this block
Purpose of Well (check all applicable): Home Industria	al Public Supply Irrigati	on Fish Culture
Other (describe): Supply well		
a state to show the state of flow regulation. Valve	Other (describe)	2.2.11
Static Water Level:feet	ow] land surface Date me	easured:
	c tape Air line Other (des	ribe):
Woll depth: (0 Well grouted to a depth of: 10	feet Type of grout (check	one) LNeat Cement Bentonite LIMIX
Casing length: <u>100</u> feet Casing diameter: <u>Screen length: <u>100</u> feet Screen diameter: <u></u></u>	<u> </u>	e of casing:
Screen length: <u><i>W</i></u> feet Screen diameter: _ Screen slot size: <u><i>JOLO</i></u> inches Setting depth	/ Inches Typ	et to 120 feet
Screen slot size: <u>CIU</u> inches Setting depth Type of completion (check all applicable) Gravel packed		nole Natural Development
Type of completion (check all applicable)ravel packed Other (describe):		
Uther (describe):	and the second secon	
Top of lap pipe or reduction in casing:feet		

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County:	
Permit #:	

If well telescopes, show depths on sketch.

Ground Level

For Office Use Only:

Well #: _

The sketch below only required for water wells

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

From (depth)	To (depth)
Ground level	
0	20
20	<u>6c</u>
Cev.	fe
80	90
10	100
(Das	120
[
ļ	
	I
	Ground level

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 well3) any roads, power lines, or other items that may aid in locating the property and the well

4) north arrow

7AR Minerals 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 regulations, if applicable, and state laws.

Ball 3-30-6. 07G. Alz. VIAC ÆUN Date Signature of Licensee Print Name of Responsible Licensee and License No.

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

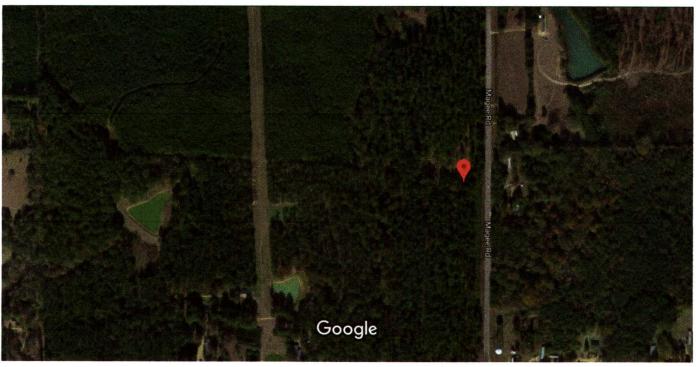
STATE WELL REPORT	
D	For Office Use Only:
Woke Report	N DOD
	Well #:
iller: <u>Filepfall(all Still</u> Office of Land P.O. Box 2309 Jackson, MS 39225-2309	Aquifer:
(CO1)961-5/10	
Copy information from block on Part 1 (601) 360-0535 (fax)	The second Dart 1
his part of the report must be completed by a licensed water well contractor or a licensed put f the report must be attached and both parts filed with the Department at the above address Well	mp installer. A copy of Full 1
his part of the report must be completed by a licensed which the Department at the above address	Location
f the report must be unacted and information	Location $\frac{70^{\circ} 30^{\circ} 53^{\circ}}{10000000000000000000000000000000000$
wher Name:ARAl Latitude: 31 [] 13.8 Lo	ongitude: <u>rouse</u>
wher Name: / ///////////////////////////	e): Conventional Survey,
aling Address:Mag et	GPS Survey-grade GPS
	29 TAN RTE
Cut MS SE 4 NE 4, Set	
Sammet MS, City State Zip Code Miles (Direction)	of (Nearest Town)
City (Distance) (Direction)	
Pump Type (check one)	
	(describe):
Submersible Lifurbine Air Lift Centrifugal Flowing well Deals in start 2	Gallons Per Minute
Porte Dump Installed: 3-30-0. Natcu i Support	
Is This Pump (check one): Mew Repaired	_
Is This Pump (check one) Power Type (check one) Power Type (check one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe).	nber of Stages:
Horse Power Rating of Motor: Setting Deput	
Pump Test Data for Non Flowing Well	hours):hours
Date Well Tested: Duration of Pump Test (m	inimum 4 hours): hours
	B): Feet Below Land Surface
Chatic Water evel (A):	Gallons Per Minute
t (that and): Steel tape I Electric tape LAir line Liother (description)	
Method of measurement (check one): Steel upp Lest Data for Flowing Well	N= 15 21
Measured shut in head:feet.	AUG
Well yieldedGPM with a drawdown offeet after	hours of pumping
Well yielded GPM with a traveour of	BYU
Meter Installation	
Meter Manufacturer: Meter Serial Number	Pr:
Meter Manufacturer: Type of Meter: Type of Meter:	
Meter Model Number/Name.	
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	
IS INS MELER (CHECK UNE). Iter internet and antifying that this motor was	s installed to manufacturer standards.
Inportant: By submitting the above information you are certifying that this meter was Important: By submitting the above information you are certifying that this meter was For agricultural wells, a list of approved meters is on the ML	EQ website.
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Ant A a
Bral = for dd 029 3-30-8. Ba	UT-VI
DIA FIZHA O24- JOURS INTERNAL O24- Date Date	Signature of Pump installer
Print Name of Pump Installer and License No. (1) applicable)	Form: OLWR-SWR-2A (4)

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Google Maps 31°17'13.8"N 90°30'53.0"W



Imagery ©2018 Google, Map data ©2018 Google 200 ft



31°17'13.8"N 90°30'53.0"W 31.287153, -90.514718

PAR Mineraldi

Magee Rd

120 60 110-5 HP: 3-30-18?

1 of 1

6/12/2018, 6:55 PM

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