STATE WELL REPORT	429
Part 1	E. Off. H. O-l.
Driller's Log	For Office Use Only:
Mississippi Department of Environmental Quality	Well #: <u>E 338</u>
Office of Land and Water Resources P.O. Box 2309	Aquifer:
Indiana MC 2022E 2200	the state of the s

County: Permit #: Date drilling completed:

E-Log #: (601)961-5555 (601)961-5228 (fax)

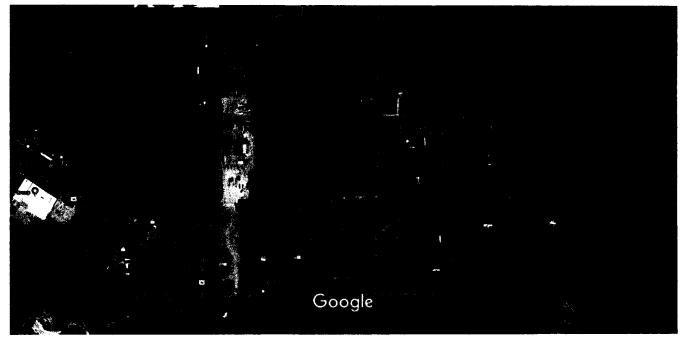
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 310 13 39.8" Longitude: 40°25 13.9"	
Owner Name: Best Friends Growning	Method of Lat/Long (check one): Conventional Survey,	
Mailing Address: Weaver Rd	USGS quad, Hand-held GPS, Survey-grade GPS	
on clamb ms.	SW 1/ NE 1/4, Sec 17 T 3N R 8E	
M((umb M). City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)	
Telephone No. ()	(Distance) (Direction) (Nearest Town)	
Well / Borehole Data		
Date drilling started: 12-3-15. Date drilling completed: 12-3-6. Hole depth: 125- Hole diameter: 81		
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and development:		
Logs run (check all applicable): Cog run Electric Camma Ray Density Sonic Neutron Other:		
Name of organization running log(s):		
Purpose of borehole (check one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other	(describe) — RECEIVED	
If drilling is not related to water well of	construction, skip the remainder of this block	
Purpose of Well (check all applicable): Home Industri	al Public Supply Irrigation Fish Culture DEC 2 1 2018	
Other (describe):	i i	
If a flowing well, method of flow regulation: Valve		
Static Water Level:feetfeetbelow] land surfacebate measured:		
Nothed of measurement (check one) Steel tape Electric tape DAir line Dother (describe):		
Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix		
Casing length: 115 feet Casing diameter: 9" inches Type of casing: 115		
Screen length:(O´_feet		
Screen slot size: <u>, C f 0</u> inches Setting depth		
Type of completion (check all applicable)ravel 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)

Sund. 20 4 ravel 40 Clup 8	
Ground Level  Description of Formations Encountered From (de Ground level  Clay (1)  Sund (2)  Ground level  Sund (2)  Ground level  Sund (2)  Ground level	ovided for all wells ulations
Sund 20 Sund 40 Gravel 40 Clup 8	
Sterd. 20 4 rave   40 Clup 8	evel
dianel 4.	0 20
Clup &	
(ourst Sand 1)	
	00 125
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 well  3) any roads, power lines, or other items that may aid in locating the property and the well  4) north arrow	
• 1	
Landowner Name: Best Friends Grooming	
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of H if applicable, and state laws.	applicable lealth regulations,
a 1-1 1) 21 0/H/1	
BIAd F-tzgrald. 029. 12-3-18. Bulfted	
Print Name of Responsible Licensee and License No. Date Signature of Licen	olwr-swr-1B (4/13

## Gogle Maps 31°13'39.8"N 90°25'13.9"W



200 ft Imagery @2018 Google

Best Fliends, Graming, Weever Rd. 12-3-18. 110 3/4 HP.

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## STATE WELL REPORT

## Part 2

County: Pile

Driller: Titzura

Date completed: 12-3-18

Copy information from block on Part 1

Permit #:

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 #: <u>E338</u>		
Aquifer:		

(cor	r well contractor or a licensed pump installer. A copy of Part 1	
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	Department at the above agaress within 50 days of wen completion.	
Well Owner Information	Well Location	
Owner Name: Best Friends Growing	Latitude: 310 13 39 8 Longitude: 90° 25 13.9"	
Mailing Address: Weaver Rd	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
m (omb ms.  City State Zip Code	SW 14 NE 14, Sec 17 T 3N R 85	
	Miles of (Distance) (Direction) (Nearest Town)	
Telephone No. ()	(Distance) (Direction) (Nearest Town)	
• •	rpe (check <i>one</i> )	
Submersible Courbine Air Lift Centrifugal Flowing Well [	□Jet□Piston □Rotary □Dther (describe):	
Date Pump Installed: 12-3-(6)	Rated Pump Capacity: 12 Gallons Per Minute	
Is This Pump (check one): Thew Repaired Replaceme	ent	
Power Ty	ype (check <i>one</i> )	
Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Wir	indmill Other (describe):	
Horse Power Rating of Motor: $3/4$ Setting Dep	oth: 10 feet Number of Stages: 12	
Pump Test Data	a for Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimum 4 hours):hours	
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute		
Method of measurement (check one): Steel tape Electric tape Air line Other (describe):		
Pump Test Da	ata for Flowing Well	
Measured shut in head:feet.	·	
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
Meter	r Installation RECEIVED	
Meter Manufacturer:	Meter Serial Number:	
Meter Model Number/Name:		
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	al 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.		
BUAD FIRM O 29.  Print Name of Pump Installer and License No. (if applicable)	le) Date Signature of Pump Installer	
Print ridine or rump installer and electise no. (1) applicas	5 OLWD CMD 24 (4/12)	

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