-	,,	2
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7		

STATE WELL REPORT

County: Pite Permit #:

Date drilling completed:

Part 1

Driller's LogMississippi 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 #: <u> </u>	-
Aquifer:	-
E-Log #:	_

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

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: Wed Mer. Mailing Address: Roll of City State Zip Code Telephone No. ()	Well or Borehole Location Latitude: 3109 2.7 Longitude: 9000 12.8 Method of Lat/Long (check one): Conventional Survey
Date drilling started: 4-5-19. Date drilling completed Location of the source of any surface water used for drill Method of dosing and volume of Chlorine used in drilling Logs run (check all applicable): 4 Tog run Electric and Name of organization running log(s):	Borehole Data 1: 4-5-19. Hole depth: 209 Hole diameter: 8" Ining:
Seismic Survey Other If drilling is not related to water well	construction, skip the remainder of this block
Purpose of Well (check all applicable): Lafome Industriction Industriction (describe):	
Static Water Level: 80' feet above or b (check one)	elow] land surface Date measured: 4379,
Method of measurement (check one) Steel tape Elect Well depth: 209 Well grouted to a depth of: 100 Casing length: 199 feet Casing diameter:	ric tape Air line Other (describe): feet Type of grout (check one) Neat Cement Bentonite Mix 414 inches Type of casing:
- Classics or reduction in casing:fe	an one screen, describe on next page Form: OI WR-SWR-1A (4

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

J179

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The alestale	Lalam	and.	manuinad	for	water wells
i ne sketch	BELOW	USSEY	I CHULLICIA	SUL	TARREST LACTOR

If well telescopes, show deptits on sketch.

Ground Level._____

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

Description of Formations Encountered	From (depth)	To (depth)
AL CONTROL NEW PROPERTY AND A CONTROL OF THE PROPERTY OF THE P	Ground Level	
cly-	0	20
dy.	120	40
clife	40	60
Sald-	60	90
coule	90	110
Clay	110	180
Sand.	180	190
(aute Sava)	190	204
	The second second	-
	1.2 316 3005 15	-
obi (fire t)		
		120 miles
		-
		3120/45
	1	1
7 467		
Market State of the company		
27 1/27 19		
		7 - T 40 357 16
	A top or product of the contract of the	School

If more than one screen, show location of each on sketch

	operty 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) a north arrow.
	40 certs of morning Library Lors and Light gains all land rest them will be revealing the deep in
	region of Josephia Johnna artist on a Smill Johnna Company to several participation of the several plant to
	escriber de la company de la c
	I both seam office and the lead the architecture of the lead to the contract of the contrac
	ef negativement of a war of lives in the first are larged from the first measurement of
indowner N	Name: Eved Muller

Google Maps 31°09'02.7"N 90°17'12.8"W



Imagery ©2019 Google, Map data ©2019 Google 200 ft

4-5-19. Fred miller, Rose Or, 204' 80' 120' 34HP.

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JUN 06 2019
BY OLWR

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 39225-2309

(601)961-5210

For (Office Use Only:
Well #:	5179
Aquifer	

Date completed:

County: _ Permit #:

te completed:	01)961-5210
any information from block on Part 1	240 0535 (fax)
- Itua licansed water	well contractor or a licensed pump installer. A copy of Part 1 e well contractor or a licensed pump installer. A copy of Part 1 pepartment at the above address within 30 days of well completion.
his part of the report must be completed by a ticensed with	well contractor or a licensed pump installer. A copy of Tail 1 Department at the above address within 30 days of well completion. Well Location
Cit - was all to Hel III III IIIIIIII	Well Location
Well Owner Injoinment	Latitude: 31 9 27 Longitude: 70 11
wher Name: Fred miler	Method of Lat/Long (check one): Conventional Survey,
ailing Address:	5 grade (1P)
alting Address:	USGS quad, Hand-netd GP3, Suit 19
1	USGS quad, Hand-held GPS, Survey-grade of S NE_1/4 _ SNV_1/4, Sec T ZNV R PE
M Clomb State Zip Code	Miles of (Nearest Town)
2.1.	(Distance) (Direction) (Nearest Town)
elephone No. ()	
Pump T	ype (check one)
Towns Towns fugal Trowing Well	l Det Piston Rotary Other (describe):
Submersible Turbine Air Lift Centing at The Colonia	Rated Pump Capacity:Gallons Per Minute
Data Rump Installed: 43/19	Rated 1 Simp - 1
- I Depaired IReplacel	ICIIC
S This Pump (check one): Power	Type (check one)
Electric of iesel Gasoline Natural Gas Tractor PTO V	Windmill Other (describe):
Electric Doiesel Gasoline Natural Gas Tractor PTO V Horse Power Rating of Motor: 3/4 Setting Do	enth: 120 feet Number of Stages: 101
Horse Power Rating of Motor: Setting by	Epai.
Pump Test Da	ata for Non Flowing Well
	Duration of Pump Test (minimum 4 hours):
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours ace Pumping Water Level (B): Feet Below Land Surface
Static Water Level (A): Feet Below Land Surf	ace Pullpling Water as the Cottons Der Minute
Feet Below Land	Surface Test Fullipling Nation
Drawdown [(B) - (A)]:	ric tape 🗀 Air line 🗔 Other (<i>describe</i>):
Method of measurement (check one): Steet tape Licetor	Data for Flowing Well
Measured shut in head:feet.	hours of pumping
Well yieldedGPM with a drawdown of	feet arternous or party s
Me	eter Installation
	Meter Serial Number:
Meter Manufacturer:	Type of Meter:
Meter Model Number/Name:	Type of Meter:
Tatalizer Pegister Unit and Multiplier Factor (AF x .001	, gal x 1000, etc):
Installation Date: Meter installed	by:
Is This Meter (check one): New Repaired Replan	cement
Is This Meter (check one): New Repaired Replace	the state was installed to manufacturer standards.
Important: By submitting the above information you of	are certifying that this meter was installed to manufacturer standards. of approved meters is on the MDEQ website.
	to the best of my knowledge. / /
I HEREBY CERTIFY that the above statements are true	
1 8:01 71-11 1099	45-19. Rul JAN
Print Name of Pump Installer and License No. (if applied	cable) Date Signature of Pump Installer
THE PROPERTY OF THE PROPERTY O	[[Εργαν []] WP-SWR-/Δ [Δ] /

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