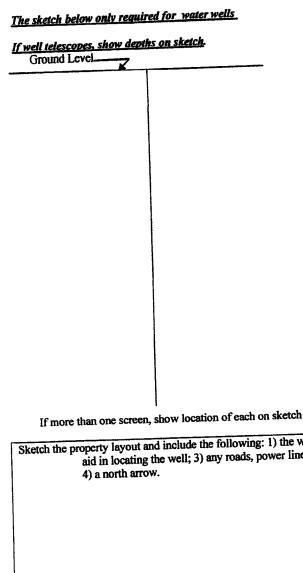
ST4	ATE WELL REPORT	
County: Pike	Part 1	For Office Use Only:
Permit #:	Driller's Log	Well #: <u>K 192</u>
-/ Mississippi	Department of Environmental Quality te of Land and Water Resources	Aquifer:
Date drilling completed: 5-21-15	P.O. Box 2309	E-Log #:
	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report be prepared Department at the above address within 30 days	by the license holder responsible for the second seco	he work and filed with the
Well Owner Information		
(Landowner if borehole is not for a water well	() Latitude: <u>31°4'23.7</u> " Lor	
Owner Name: Mite (ullotty)		
Mailing Address: 1tuy 51	Method of Lat/Long (check one): Conventional Survey,
/	USGS quad, Hand-held G	PS, Survey-grade GPS
Chatana. mc	<u>SE 4 SE 4, sec</u>	3 TIN RTE
<u>Chułung.</u> <u>MS</u> City State Zip Ci		
Telephone No. ()	(Distance) (Direction)	(Nearest Town)
	ell / Borehole Data	
Purpose of borehole (circle one): Water Well Geor Seismic Survey C If drilling is not related to water of	Gamma Ray Density Sonic Neutron technical/Geological Investigation G Other (<i>describe</i>)	n Other:
Other (<i>describe</i>):	and rest supply instation ri	si culture
If a flowing well, method of flow regulation: Valve	Other (<i>describe</i>)	
	pelow] land surface Date measured:	5-21-15
Nethod of measurement (circle one): Steel Tapes Elect	ctric tape Air line Other (describe):	
Well depth: <u>/ & Well grouted</u> to a depth of: <u>/ / / / / / / / / / / / / / / / / / /</u>	feet Type of grout (circle one).	eat Cement Rentonite Miv
	11.4	ing: Pu
creen length:feet Screen diamete		
	epth: From <u>160</u> feet to	
ype of completion (circle all applicable); Gravel pack	-	
ther (describe):		Natural Development
op of lap pipe or reduction in casing:	207	
	an one screen, describe on next page	
	next have on next page	4

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Form: OI WR-SWR-1A (4/13)

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)
Description of Formations Enter	Ground Level	
Clust	0	20
cluy, Sand.	30	60
clavel-	60	100
May	100	140
	140	760
Sund. Cupe Sand,	160	180
(augue surra		
	-+	
	1	

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Sketch the property layout and include the following: 1) the well location; aid in locating the well; 3) any roads, power lines, or other it	2) any permanent structures on the property and the well; ems that may aid in locating the property and the well;
4) a north arrow.	
	•
	NUL 0 6 2015
	and the state of the
Landowner Name: Mite Cullotty,	
	Form: OLWR-SWR-1A (04/0

I 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

079. 5-21-15 laws BIAD Ft zereld 0

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

County: Permit #: Pump Installed Permit #: Pump Installed Mississippi Department Driller: F-12-go-2-1-d Well 1407-pr Date completed: 5-2-1-15 Office of Lar Date completed: 5-2-1-15 Jack Copy information from block on Part 1 (601) This part of the report must be completed by a licensed water we	VELL REPORT Part 2 er's Completion Report nent of Environmental Quality ad and Water Resources 0. Box 2309 son, MS 39225 01)961-5210 9961-5228 (fax) ell contractor or a licensed pump installer. A copy of Part 1 of the	
report must be attached and both parts filed with the Department Well Owner Information Owner Name: $h'/f(e)$ $(u)/v/f(a)$ Mailing Address: $Huy SI$ Chalue MS City State Zip Code Telephone No.	at the above address within 30 days of well completion. Well Location Latitude: 3/04 23.7 " Longitude: 10 28 55" Method of Lat/Long (check one): Conventional Survey	
Pump Type Circle one JetAir LiftJetSubmersibleBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Power Type Circle one Diesel Engine Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):	
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Other (specify): For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of feet after hours of pumping	
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Image: Comparison of the point of th		

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