STATE WELL REPORT

Part 1

County: __

Permit #:

Date drilling completed:

Driller's Log Mississippi 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 #: よろん	
Aquifer:	
E-Log #:	

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: 31° 0′ 37.9′ Longitude: 90° 21′ 19.3′′
Owner Name: Billy Mayer	Method of Lat/Long (check one): Conventional Survey,
Mailing Address: Energla state live Ra.	1
	USGS quad, Hand-held GPS, Survey-grade GPS
ostka ms.	SE 14 NW 14, Sec 36 T IN REE
City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)
Telephone No. ()	(Distance) (Direction) (Nearest Town)
Well / E	Borehole Data
Date drilling started: 51016. Date drilling completed	:5-10-18 Hole depth: 130 Hole diameter: 8
Location of the source of any surface water used for drilli	ing:
Method of dosing and volume of Chlorine used in drilling	and development:
Logs run (check all applicable): Log run Electric Cam	nma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotechi	nical/Geological Investigation Ground Source Heat Pump
	(describe)
1	construction, skip the remainder of this block
Purpose of Well (check all applicable): Home Industr	ial Public Supply Irrigation Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 60 feet hove one be	elowl land surface Date measured: 5-16-18
(check one)	1 .
Method of measurement (check one) Listeel tape Electr	ic tape Air line bther (describe):
Well depth: 130 Well grouted to a depth of: 10	feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 120 feet Casing diameter:	inches Type of casing: Pvc
Screen length:feet	inches Type of screen:
Screen slot size:inches Setting dept	in; riumiccc wi
Type of completion (check all applicable)	Underreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:fee	To the state of th
If telescoped or more tha	n one screen, describe on next page Form: OLWR-SWR-1A (4/13)

County: PLKE	1	or Office Use	- 1
The sketch below only required for water wells	Description of formations encountere and boreholes, unless specifically exe	d must be provide mpted by regulati	d for all wells ons
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)
Ground Level	Clur	<i>D</i>	20
	clby,	20	40
	Sand.	40	60
	grave-	60	80
	Muy-	80	120
	Suna	100	130
	(6v18eSan	d 120	130
			<u> </u>
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 a 3) any roads, power lines, or other items that may aid ir 4) north arrow	id in locating the well a locating the property and the well		
Landowner Name: Bolly Magner		ana with all ann	dicable
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Enviror if applicable, and state laws.	imental Quality and the Mississippi Dep	ance with all app artment of Healt	h regulations,
Byal Syper Ody	5-10-18	ture of Licensee	
Print Name of Responsible Licensee and License No.	Date / Jigita		R-SWR-1B (4/13)

STATE WELL REPORT

County:

Permit #:

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality CY Office of Land and Water Resources P.O. Box 2309

Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office U	se Only:
Well#: Lö	156
Aquifer:	

Driller: Date completed: 5-10-18 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. 329 ongitude: 90° 21' 19.3" Well Owner Information Owner Name: Bully Macel. Method of Lat/Long (check one): Conventional Survey_ Emerald Stateline Rd USGS quad_____, Hand-held GPS____, Survey-grade GPS_ Mailing Address: __ SE 14 NW 14, Sec 36 TIN R. 85 Zip Code (Nearest Town) (Direction) (Distance) Telephone No. (_ Pump Type (check one) Submersible Ofurbine Air Lift Centrifugal Flowing Well Det Piston Rotary other (describe): ______ Date Pump Installed: 5-10-18 Rated Pump Capacity: 10 Gallons Per Minute Is This Pump (check one): Mew Repaired Replacement Power Type (check one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): __feet Number of Stages: Setting Depth: __ Horse Power Rating of Motor: _ Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): _____hours Date Well Tested: _____ Pumping Water Level (B): _____ Feet Below Land Surface Static Water Level (A): ______ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute ___Feet Below Land Surface Drawdown [(B) - (A)]: _____ Method of measurement (check one): Steel tape □Electric tape □Air line □Other (describe): _ **Pump Test Data for Flowing Well** Measured shut in head: _____feet. ____hours of pumping ___GPM with a drawdown of ______feet after _ Well yielded _ Meter Installation Meter Manufacturer: ______ Meter Serial Number: _____ Meter Model Number/Name: ______ Type of Meter:_____ 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 Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

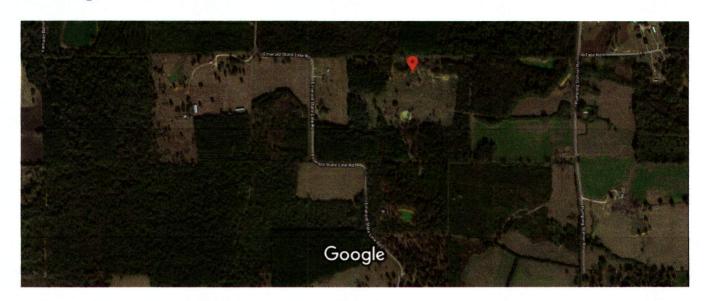
For agricultural wells, a list of approved meters is on the MDEQ website. I HERERY CERTIEV that the above stat

I HEREBY CERTIFY that the above stat	tements are true to the	best of my knowl	ledge.	
a 1 cul	274	C 1A-18	Rul Flild	
Print Name of Pyth Installer and Lice	O JG.	<u> </u>	Signature of Pump Installer	
Print Name of Purity Installer and Lice	ense No. (1) applicable)	Date	Form: OLWR-SWR-24	¥ (4

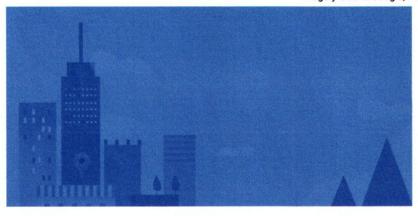
Form: OLWR-SWR-2A (4/13)

L256

Google Maps 31°00'37.9"N 90°21'19.3"W



Imagery ©2018 Google, Map data ©2018 Google



31°00'37.9"N 90°21'19.3"W

31.010521, -90.355372

Billy Magee 130-60-90-

1/2 hp. 5-10-18 Emerald state line kd.

RECEIVED OCT 04 2018 BY OLWR