STATE WELL REPORT	For Office Use Only:
County:	Well #: <u>M 99</u>
Permit #: Mississippi Department of Environmental Qu	-lin/
Driller DASHUD FOR URISIC Office of Land and Water Resources	Aquiter:
P.O. Box 2309	E-Log #:
Date drilling completed: I <td></td>	
(601)360-0535 (fax)	
State Law requires that this report be prepared by the license holder responsible Department at the above address within 30 days of completion of drilling of the	well of Dorenoie.
Well or	r Borehole Location 20.01
(Landowner if borehole is not for a water well) Latitude: 30 42 42	1:30.21 188057 1318
Owner Name: Kicky Druey	-tomon Conventional Survey
Mailing Address FIDCCCK.090	eck one): Conventional Survey
USGS ~!'ad Hand-	hèld GPS <u>/</u> , Survey-grade GPS
Perkinston Ms 39573 July SKISEN	, Sec_ 11_ T_ 45 R/OW
UNIDICI 113 393 1-	of Matterry
Telephone No. (208) 8(1-585) (Distance) (Direct	
Telephone No. (950) 5077 (0120) (0120)	
Location of the source of any surface water used for drilling: <u>N/A</u> Method of dosing and volume of Chlorine used in drilling and development: gal	fer 1000. Drilling Igali
Location of the source of any surface water used for drilling: N/A Method of dosing and volume of Chlorine used in drilling and development: Qal	<u>flr 1000. Trilling gali</u> Neutron Other:
Location of the source of any surface water used for drilling: <u>N/4</u> Method of dosing and volume of Chlorine used in drilling and development: <u>Oal</u> Logs run (<i>circle all applicable</i>): No log run Electric Gamma Ray Density Sonic Name of organization running log(s): Purpose of borehole (<i>circle one</i>): Water Well Geotechnical/Geological investigation	Pur 1000. Drilling gali Neutron Other:
Method of dosing and volume of Chlorine used in drilling and development: Gal Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Seismic Survey Other (describe) If drilling is not related to water well construction, skip the rem Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigat	<u>fly 1000. Irilling Jali</u> Neutron Other: on Ground Source Heat Pump mainder of this block
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Location of the source of any surface water used for drilling: N/4 Method of dosing and volume of Chlorine used in drilling and development: 9 Logs run (<i>circle all applicable</i>): No log run Electric Gamma Ray Density Sonic Name of organization running log(s): Purpose of borehole (<i>circle one</i>): Water Well Geotechnical/Geological Investigation Seismic Survey Other (<i>describe</i>) <i>If drilling is not related to water well construction, skip the rem</i> Purpose of Well (<i>circle all applicable</i>): Home Industrial Public Supply Irrigate Other (<i>describe</i>): If a flowing well, method of flow regulation: Valve Other (<i>describe</i>) Static Water Level: 95feet [above or below] and surface Date m (<i>circle one</i>): Steel tape Electric tape Alf line Other (<i>describe</i>) Well depth: 4125 Well grouted to a depth of:feet Type of grout (<i>circle and group feet Casing diameter</i> :inches Type of grout (<i>circle and group feet Screen diameter</i> :inches Type of grout (<i>circle and group feet Screen diameter</i> :	Image:
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Location of the source of any surface water used for drilling: N/A Method of dosing and volume of Chlorine used in drilling and development: A Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Seismic Survey Other (describe) If drilling is not related to water well construction, skip the rem Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigat Other (describe): If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: 95 feet [above or below] Ind surface Date m Method of measurement (circle one): Steel tape Electric tape Alf line Other (describe) Well depth: 405 Well grouted to a depth of: feet Type of grout (circle casing length: feet Casing diameter: inches The Screen length: feet Screen diameter: inches The Screen slot size: inches Setting depth: From 797	Prilling gali Neutron Other: Dan Ground Source Heat Pump mainder of this block ion Fish Culture easured: $7 - 15 - 15$ escribe):
Location of the source of any surface water used for drilling: N/A Method of dosing and volume of Chlorine used in drilling and development: A Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Name of organization running log(s): Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Seismic Survey Other (describe) If drilling is not related to water well construction, skip the rem Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigat Other (describe): If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: 95 feet [above or below] Ind surface Date m Method of measurement (circle one): Steel tape Electric tape Alf line Other (describe) Static User I grouted to a depth of: 10 feet Type of grout (circle Casing length: 377feet Casing diameter: 2 inches T Screen length: 15feet Screen diameter: 2 inches T Screen slot size: inches Setting depth: From 397	Prince Prinde Prince Prince

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County:	Store,
Permit #	

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For Office Use Only:	
Well #: <u>M99</u>	

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

If well telescopes, show depths on sketch.

Ground Level		TopSoil		Ground level	
					<u> 20</u>
		Blueclayw	Streaks of Sand	20	356
			Sandwjstr.pfch	y to	-71
		Grayilledi	umsand	311	412
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f more than one screen, show I	location of each on sketch			``````````````````````````````````````	
	CC Parve Decible	who he he me	1		
0.)	(Fx west		Ð	in the second	i y
	Nuel			· · · ·	h., "
		constructed and	molated in accordan	ce with all anali	cable
andowner Narge: <u>KICKY</u> HEREBY CERTIFY that the w equirements of the Mississip applicable, and state laws.	vell/borehole was drilled,	constructed, and commental Quality and	completed in accordan I the Mississippi Depart	ce with all appli tment of Health	cable regulations

- Stone	STATE WELL REPORT Part 2	
County: STONE	Pump Installer's Completion Report	For Office Use Only:
Permit #:	Minimizer Department of Environmental Quality	well #: <u>M 99</u>
Driller DISTURATER WEITSUC	Office of Land and Water Resources	
Date completed: <u>7-15-15</u>	P.O. Box 2309	Aquifer:
Copy information from block on Part 1	Jackson, MS 39225-2309 (601)961-5210	
	(601) 360-0535 (fax)	
This part of the report must be complete	ed by a licensed water well contractor or a licensed pu	mp installer. A copy of Part 1
of the report must be attached and both	parts filed with the Department at the above address v	rithin 30 days of well completion.
Well Owner Informat		ocation
Dwner Name: KICKY Drueu	Latitude: 29218, 12Lor	ngitude:08857/13.68
Mailing Address: <u>110 CCCK</u>	AC Method of Lat/Long (check one): Conventional Survey,
	USGS guad Hand-beld G	PS, Survey-grade GPS
Derkington Ms 7	59573 50 x 50 1/ 50	11
City State		11 1 To K 1000
Telephone No. (2) 8/01 - F		(Nearest Town)
		(ITEULESL'I UWIL)
	Pump Type (circle one)	
ubmersible Turbine Air Lift Centri	fugal Flowing Well Jet Piston Rotary Other (de	scribe):
Date Pump Installed: $7 - 15 - 15$	Rated Pump Capacity:	0 Gallons Per Minute
s This Pump (circle one): (New) Re		
	Power Type (circle one)	
Electric Diesel Gasoline Natural Ga	s Tractor PTO Windmill Other (<i>describe</i>):	
lorse Power Rating of Motor X +++	Setting Depth: <u>ADFTP</u> reet Number	of Stages:
	Pump Test Data for Non Flowing Well	
Date Well Tested: <u>7-15-15</u>	Duration of Pump Test (minin	num 4 hours): hours
Static Water Level (A): <u>95</u> Fee	et Below Land Surface Pumping Water Level (B): 1	
· •	_Feet Below Land Surface Test Pumping Rate:	Gallons Per Minute
Method of measurement (circle one): S	iteel tape Electric tape Air line Other (describe):	
	Pump Test Data for Flowing Well	
Measured shut in head:fee	e NIA	
Well yieldedGPM with a	drawdown of feet_after	hours of pumping
	Meten Installation	
Neter Manufacturer		. *
	Type of Meter:	
Fotalizer Register Unit and Multiplier F	Factor (AF x .001, gal x 1000, etc):	
nstallation Date:	Meter installed by:	
s This Meter (circle one): New Re	epaired Replacement	
	nformation you are certifying that this meter was insta	illed to many factures standers -
For agricult	nformation you are certifying that this meter was insta ural wells, a list of approved meters is on the MDEQ w	ebsite.
HERERY CERTIEY that the showe state	ements are true to the best of my knowledge.	
Tal Ville above state		Jan Reidin
λ LATE V LATE V LATE V	1 + 4 r $1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1$	Van Kindin
LUC MAGUEIT	1/1/2 $1/1/10$	ram - II
rint Name of Pump Installer and Licer	nse No. (<i>if applicable</i>) Date Signa	ture of Pump Installer

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