	STATE	WELL REPORT				
County: 47une	SIAIL	Part 1	For Office Use Only:			
	D	riller's Log	Well #:			
Permit #: Driller: H. Williams	Mississippi Depart	ment of Environmental Quality	Aquifer:			
		and and Water Resources P.O. Box 2309	E-Log #:			
Date drilling completed: 5/13/15	Jacks	on, MS 39225-2309				
	· · · · · · · · · · · · · · · · · · ·	[601)961-5210 1)360-0535 (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 Informat	ion	Well or Bore	hole Location			
(Landowner if borehole is not for a water well)		Latitude: 30° 43' 5,5" Longitude: 88° 57 '22" W				
Owner Name: Pete Zande						
Mailing Address: 74 Forres	t Rd	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held G					
McHenry MIS	Mic Henry M15 39561 City State Zip Code 10		NE 14 NE 14, Sec 11 T45 R 10W			
	1/VI// MILES 1-464/ 01		McHenry			
Telephone No. (278) 34/-04	(Distance) (Direction)					
	Wall / B	orobolo Data				
Well / Borehole Data Date drilling started: $\frac{5/11/15}{15}$ Date drilling completed: $\frac{5/13/15}{15}$ Hole depth: $\frac{275}{15}$ Hole diameter: $\frac{6}{15}$						
Location of the source of any surface water used for drilling:						
Method of dosing and volume of Chlori		,				
Logs run (circle all applicable); No log r						
Name of organization running log(s):						
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (describe)						
If drilling is not related to water well construction, skip the remainder of this block						
Purpose of Well (circle all applicable) Home Industrial Public Supply Irrigation Fish Culture						
Other (describe):						
If a flowing well, method of flow regulation: Valve 1/14 Other (describe)						
Static Water Level: 6 feet [above or below] land surface Date measured: 5/13/15						
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):						
Well depth: 275 Well grouted to a depth of: 10 feet Type of grout (circle one): Meat Cement Bentonite Mix						
Casing length: 455 feet Casing diameter: 4" inches Type of casing: Sch 40 PVC						
Casing length: 255 feet Casing diameter: 4" inches Type of casing: 56440 PVC Screen length: 20 feet Screen diameter: 4" inches Type of screen: 56440 PVC						
Screen slot size: 0.008 inches Setting depth: From 255 feet to 275 feet						

Underreamed

If telescoped or more than one screen, describe on next page

Open hole

Type of completion (circle all applicable): Fravel packed

Top of lap pipe or reduction in casing: $\overline{\mathcal{MA}}$

Other (describe):__

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

County:		For Office Use Well #: // / / / /	Only:
The sketch below only required for water wells	Description of formations enco	ountered must be provide	ed for all wells
If well telescopes, show depths on sketch.	and boreholes, unless specifica	<u>ully exempted by regulati</u>	<u>ons</u>
Ground Level	Description of Formations Encoun		To (depth)
Ground Levet	Ltgv Chay		25
If more than one screen, show location of each on sketch ketch the property layout and include the following:	Gray Clay' Ltgr Sund	25	280
1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	in locating the property and the well	$\rightarrow 2.5 \text{ mil}$	le to Hmy
	Wire Rd		
0,25m/c		RECE	EIVED
00			8 2015
(2))LWR
andowner Name: Pete Zande dande	Future Campoi Itoine 51te		Well Location
HEREBY CERTIFY that the well/borehole was drilled, equirements of the Mississippi Department of Enviror applicable, and state laws.		cordance with all application in the cordance with all application in the cordance with all applications.	cable regulations,
Heath & Williams 0-740 rint Name of Responsible Licensee and License No.	5/21/15 Met	Signature of Licensee	<u> </u>
		Form: OLWR-	SWR-1A (4/13)

STATE WELL REPORT

County: __ Permit #:

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

For Office Use Only:				
well #: <u> </u>				
Aquifer:				

Date completed:	Jackson, MS 39225-2309 Aquifer:					
Copy information from block on Part 1	(601)961-5210					
	(601) 360-0535 (fax)				
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.						
Well Owner Information	on,	Well Lo	ocation			
Owner Name: Pete Zande	dande,	Latitude: 30 43 5,5 1/Kon	gitude: 886727			
Mailing Address: 74 Fourest	Ka	Method of Lat/Long (check one)	· — .			
1/2 1/	2651	USGS quad, Hand-held GP				
My Henry Pay City State	719. Codo	<u>NE ¼ NE ¼, Sec_</u>	11 T 45 R 10W			
Telephone No. (228) 341 - 099		10,75 Miles <u>Fast</u> of (Distance) (Direction)	Mettenry			
Telephone No. (2×0) $\cancel{}\cancel{}\cancel{}\cancel{}\cancel{}\cancel{}\cancel{}\cancel{}\cancel{}$			(Nearest Town)			
		oe (circle one)				
Submersible Turbine Air Lift Centrifu	gal Flowing Well	Jet Piston Rotary Other (des	cribe):			
Date Pump Installed:						
Is This Pump (circle one): New Repaired Replacement						
2		pe (circle one)				
Electric Diesel Gasoline Natural Gas		• • •				
Horse Power Rating of Motor: $1/0$	Setting Dept	h: <u>760</u> feet Number o	of Stages:			
,	Pump Test Data	for Non Flowing Well				
Date Well Tested: 5/20/15 Duration of Pump Test (minimum 4 hours): 4 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:/O Gallons Per Minute						
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):						
	•	a for Flowing Well				
Measured shut in head:feet. \mathcal{M}/\mathcal{A}						
Well yieldedGPM with a dr	awdown of	feet afterh	nours of pumping			
0//) Meter I	nstallation				
Meter Manufacturer:		Meter Serial Number:				
Meter Model Number/Name:		Type of Meter:	(mall-section (constant)			
Totalizer Register Unit and Multiplier Fac	tor (AF x .001, gal	x 1000, etc):	RECEIVER			
Installation Date: Meter installed by:						
Is This Meter (circle 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.						
Heath & Williams 0-740 5/21/15 North & L						
Print Name of Pump Installer and License	No. (if applicable)	Date Signatu	re of Pump Installer			
		<u></u>	P			

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