	1			
	стать	WELL REPORT	390	
County: Tote	SIAIL	Part 1	For Office Use Only:	
Permit #:		Driller's Log	Well #: <u>CAIO</u>	
Driller: Joes W. Mascw	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Date drilling completed: $(9 - 7 - 1\delta)$	P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210		E-Log #:	
State Law requires that this report Department at the above address w	be prepared by the	1)360-0535 (fax) license holder responsible for the walk of the wa	he work and filed with the	
Well Owner Informat	ion		hole Location	
(Landowner if borehole is not for Owner Name: Artonic Pour	ner if borehole is not for a water well)		ngitude: <u>89'51'57،65''س</u>	
Mailing Address: 1697 しい		Method of Lat/Long (check one	): Conventional Survey,	
	tu	USGS quad, Hand-held G	PS, Survey-grade GPS	
coldwater MS	38618	NE 14, Sec		
City State	Zip Code	<u>ーーーー</u> Miles へいい (Distance) (Direction)	1 gingerhill	
Telephone No. ( <u>501</u> ) <u>601-157</u>	0	(Distance) (Direction)	(Nearest Town)	
Method of dosing and volume of Chlorin Logs run ( <i>circle all applicable</i> ). No log ru Name of organization running log(s): Purpose of borehole ( <i>circle one</i> ). Water Seism	un Electric Gamr <u> べい</u> Well Geotechni	na Ray Density Sonic Neutro	n Other: Ground Source Heat Pump	
If drilling is not rela	ited to water well co	onstruction, skip the remainder	of this block	
Purpose of Well (circle all applicable): ( Other (describe):			ish Culture	
If a flowing well, method of flow regula				
Static Water Level: 65 feet	[above or below (circle one)	land surface Date measured	: <u>-7-18</u>	
Method of measurement ( <i>circle one</i> ): So Well depth: $140$ Woll grouted to a	eel tape Electric t	tape Air line Other ( <i>describe</i> ):	String I weight EIN	E
Well depth: $140$ Well grouted to a	depth of: <u>50</u> fo	eet Type of grout (circle one):	Neat Cement Bentonite Mix	20
Well depth: <u>140</u> Well grouted to a Casing length: <u>(名の</u> feet Ca	sing diameter:	inches Type of ca		1
Casing length: <u>しろ</u> eet Ca Screen length: <u>うし</u> feet So Screen slot size: <u> </u>	creen diameter:	<u> </u>	creen: <u>put ay</u>	_N
Screen slot size: $CIO$ inches	Setting depth:	Fromfeet to	feet	
Type of completion (circle all applicable	): Gravel packed	Underreamed Open hole	Natural Development	
Other ( <i>describe</i> ):				
Fop of lap pipe or reduction in casing: _	<u>∧</u> βeet			
If telesco	ped or more than o	one screen, describe on next pag	e	

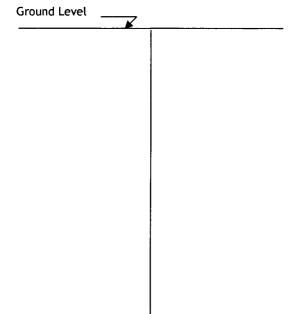
Form: OLWR-SWR-1A (4/13)

County:	-
Permit #:	-

For	Office	Use	<b>Only:</b>
-----	--------	-----	--------------

The sketch below only required for water wells

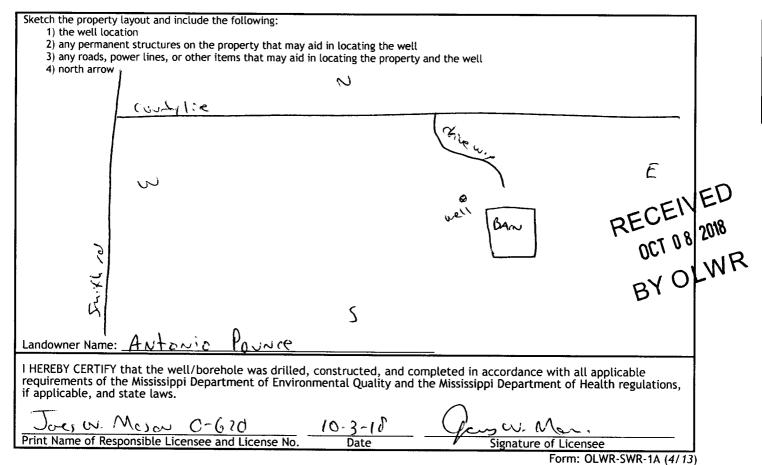
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From ( <i>depth</i> )	To (depth)
growel while cley while soud	Ground level	38
while clay	36	55
while soud	55	140
		•
······································		

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



STATE W	ELL REPORT				
County: Tote	Part 2	For Office Use Only:			
	er's Completion Report	· · · · ·			
	Mississippi Department of Environmental Quality       Well #: <u>C.4 t O</u> Office of Land and Water Resources				
Date completed: $S - 1 - 1R$	P.O. Box 2309	Aquifer:			
	on, MS 39225-2309 601)961-5210	Aquiter			
	l) 360-0535 (fax)				
This part of the report must be completed by a licensed wate					
of the report must be attached and both parts filed with the I Well Owner Information					
Owner Name: ANTONIC POUNCE	Well Location         Latitude $\frac{34^{\circ}46'18.74''N}{N}$ Longitude: $\frac{89^{\circ}51'57.65''N}{N}$				
Mailing Address: (69) (durtyline 10)	Method of Lat/Long (check one): Conventional Survey,				
cold water 3 PG/P	NE, NE	$\frac{\mathcal{P}S}{\mathcal{C}}, \text{ Survey-grade GPS}$			
coldwele my 38618 City State Zip Code					
Telephone No. (901) 601- 1570	$\frac{112}{(Distance)}$ Miles $\frac{N32}{(Direction)}$ of	r <u>gingerhill</u> (Nearest Town)			
Pump Ty	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	· · · /	scribe):			
Date Pump Installed: <u>9-7-6</u>	-	· · · · · · · · · · · · · · · · · · ·			
Is This Pump (circle one): New Repaired Replaceme					
Power Ty	pe (circle one)				
Electria Diesel Gasoline Natural Gas Tractor PTO Wir	ndmill Other ( <i>describe</i> ):				
Horse Power Rating of Motor: 314 Setting Dep	th: <u>90</u> feet Number	of Stages: 8			
Pump Test Data	for Non Flowing Well				
Date Well Tested: てー )ー1 ら	Duration of Pump Test (minim	um 4 hours): <u>24</u> hours			
Static Water Level (A): <u>65</u> Feet Below Land Surface	Pumping Water Level (B):	NTT Feet Below Land Surface			
Drawdown [(B) - (A)]:AFeet Below Land Sur	face Test Pumping Rate:	10 Gallons Per Minute			
Date well Tested: $(1, 1, 1, 2)$ Duration of Pump Test (minimum 4 hours): $31$ hours         Static Water Level (A): $(65)$ Feet Below Land Surface       Pumping Water Level (B): $N17$ Feet Below Land Surface         Drawdown [(B) - (A)]: $//A$ Feet Below Land Surface       Test Pumping Rate: $10$ Gallons Per Minute         Method of measurement (circle one): Steel tape       Electric tape       Air line       Other (describe): $512$ $102$ $102$ Pump Test Data for Flowing Well         Measured shut in head: $//A$ feet. $0CT 08$ $2018$ Well yielded $(10)$ GPM with a drawdown of $_N1A$ feet after $_24$ hours of pumping         Meter Installation					
Pump Test Da	ta for Flowing Well	RECE DO18			
Measured shut in head: feet.	-	OCT 08 10			
Well yieldedGPM with a drawdown ofA	feet after 24	hours of pumping			
Motor		BYUT			
Meter Manufacturer: Neter	Meter Serial Number				
Meter Model Number/Name:	Meter Senat Rumber	NN NN			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are conformation you are conformation you are conformation you are conformation are conformation and the submitting the above information you are conformation and the submitting the above information you are conformation are conformation and the submitting the above information you are conformation are conformation and the submitting the above information you are conformation are	ertifying that this meter was instal	lled to manufacturer standards. ebsite.			
I HEREBY CERTIFY that the above statements are true to th					
Jack     Main     Main     Main       Print Name of Pump Installer and License No. ( <i>if applicable</i> )     10-3-18     Jack     Signature of Pump Installer					
Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date 'Signature of Pump Installer					

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