County TIMICA
Permit #. 2 W - 48873
Onler 12907 (2005)
Date drilling completed 5/13/19

State Well Report
Part I – Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:
Aquirer
Well # M28
L. S. Elevation:
E-log #:

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State Law requires that this report be prepared by the t	license holder responsible for the work and filed with the
Department at the above address within 30 days of con	mpiction of drilling of the well or borehole. Well or Borehole Location
information on Well Owner (Landowner if borehole is not for a water well)	
	Latitude: 34 . 30 . 28 " Longitude: 90 . 31 . 42 "
Owner Name Wook Lake Farms	Method of Lav'Long (circle one): Conventional Survey.
Mailing Address:	
6875 old Hy 61	USGS quad, Hand-held GPS, Survey-grade GPS
	IR 1/4 IR 1/4 Sec Ol Twn 075 Rag 13W
City State Zip Code	Distance Direction Negrest Town
City State Zip Code	Distance Direction Nearest Town Miles W of Dunds
Telephone No. ()	
Well / Ba	rehole Data
Date drilling started: 5/13/15 Date drilling completed: 5/1	
ocation of the source of any surface water used for drilling:	perst wall
	celonment:
dethod of dosing and volume of Chlorine used in drilling and dev	
viethod of dosing and volume of Chlorine used in drilling and dev logs run (circle all applicable): No log run. Electric. Gamma Ra Name of organization running log(s):	
ogs run (circle all applicable): No log turn Electric Gamma Ra	ay Density Sonic Neutron Other:
ogs run (circle all applicable). No log run Electric Gamma Ra Name of organization running log(s): urpose of borehole (check one): Water Well Geotechnical/Geo	ological Investigation Ground Source Heat Pump
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Form: OLWR-SWR-1A (04/08)

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TLEDRY Cours #5318 5/	13/15		એ

STATE WELL REPORT

County: Tuutca Permit #: GW - 48873 Driller: TEOOU COATS Date completed: 5-13-15

Copy information from block on Part 1

Part 2 Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210

For Office Use Only:	•
Well #:	
Aquifer:	

(601)	360-0535 (fax)	
This part of the report must be completed by a licensed water w	vell contractor or a licensed pump installer. A copy of Part 1	
of the report must be attached and both parts filed with the De	partment at the above address within 30 days of well completion.	
Well Owner Information	Well Location	
Owner Name: MOON LAKE FARMS	Latitude: 34° 30° 27" Longitude: 90° 3/° 40"	
	Method of Lat/Long (check one); Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	NW 1/4 NW 1/4, Sec 01 T 075 R 13W	
City State Zip Code	/ Miles J of <u>Dun D44</u> (Distance) (Direction) (Nearest Town)	
Telephone No. (662) 627-3288	(Distance) (Direction) (Nearest Town)	
Pump Type	e (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well .	Jet Piston Rotary Other (describe):	ينسوا فللشيار والمالة وينجا السارا
Date Pump Installed: 5-14-15 Ra	ated Pump Capacity:Gallons Per Minute.	CEIVED
Is This Pump (circle one): New Repaired Replacement		JN 1 5 2015
Power Typ	e (circle one)	
Electric biesel Gasoline Natural Gas Tractor PTO Wind	mill Other (describe):	OIWR
Horse Power Rating of Motor: Setting Depth	: <u>40</u> feet Number of Stages: <u>2</u>	g ar segger betære ble te te te
Pump Test Data fo	or Non Flowing Well	
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours	
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): Feet Below Land Surface	
Drawdown [(B) - (A)]:Feet Below Land Surfa	ice Test Pumping Rate: Gallons Per Minute	
Method of measurement (circle one): Steel tape Electric tap	•	
The state of the s	a for Flowing Well	
Measured shut in head:feet.	·	
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
Meter In	nstallation	
Meter Manufacturer:		
Meter Model Number/Name:	Type of Meter:	
Totalizer Register Unit and Multiplier Factor (AF \times .001, gal \times		
Is This Meter (circle one): New Repaired Replacemen		
,	rtifying that this meter was installed to manufacturer standards.	
For agricultural wells, a list of app.	roved meters is on the MDEQ website	
I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge,	
DAUED P. HOLT O-757P	1.1216 / 1/1/1/1/	
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer	

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

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