[county: WAITMI
ا	Permit #:
	Driller: Willie Tordan
۱	Date drilling completed: 2-7-16

STATE WELL REPORT Part 1

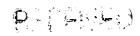
Driller's Log

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

For Office Use Only: Well #:
Aquifer:
E-Log #:

Date drilling completed: 2-7-16 Jackso	on, MS 39225-2309						
· · · · · · · · · · · · · · · · · · ·	601)961-5210 1)360-0535 (fax)						
t and the	license holder responsible for the work and filed with the						
State Law requires that this report be prepared by the Department at the above address within 30 days of co	interior of the time of time of the time of the time of time o						
Wall Owner Information	1 100 4010 1000 1000 1000 1000 1000 100						
(Landowner if borehole is not for a water well)	Latitude: 31 38 Longitude: 51 71						
Owner Name: ANN Schillings	Method of Lat/Long (check one): Conventional Survey,						
Mailing Address: 43 Allen Rd	USGS quad, Hand-held GPS, Survey-grade GPS						
tylertown, Ms 39667	SE 14 NE 14, Sec 26 T/N R/ZE						
City State Zip Code	10 Miles ESE of tylertown 115.						
Telephone No. ()	(Distance) (Direction) (Nearest Town)						
	terohole Data						
Well / Borehole Data Date drilling started: 128 Hole diameter: 7/2 Date drilling completed: 128 Hole diameter: 7/2							
Location of the source of any surface water used for drilling: Do table water Location of the source of any surface water used for drilling:							
Method of dosing and volume of Chlorine used in drilling a	and development:						
Logs run (circle all applicable): No log run Electric Gam	ma Ray Density Sonic Neutron Other:						
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):	4						
If a flowing well, method of flow regulation: Valve	Other (describe)						
Static Water Level: 130 feet [above or below] land surface Date measured: 1/1/16							
Mothod of measurement (circle one). Steel tape Electric tape Air line Other (describe):							
Method of measurement (circle one). Steel tape Electric	tape Air line Other (describe).						
Well depth: 178 Well grouted to a depth of: 10	feet Type of grout (circle one): Neat Cement Bentonite						
Well depth: 118 Well grouted to a depth of: 10 Casing length: 18 feet Casing diameter:	feet Type of grout (circle one): Neat Cement Bentonite Mix inches Type of casing:						
Well depth: 118 Well grouted to a depth of: 10 Casing length: 168 feet Casing diameter:	feet Type of grout (circle one): Neat Cement Bentonite (Mix) inches Type of casing:						
Well depth: 118 Well grouted to a depth of: 10 Casing length: 168 feet Casing diameter:	inches Type of screen: From						
Well depth: 118 Well grouted to a depth of: 10 Casing length: 18 feet Casing diameter:	feet Type of grout (circle one): Neat Cement Bentonite (Mix) inches Type of casing:						
Well depth: 118 Well grouted to a depth of: 10 Casing length: 168 feet Casing diameter: Screen length: 10 feet Screen diameter: Screen slot size: -010 inches Setting depth	feet Type of grout (circle one): Neat Cement Bentonite (Mix) inches Type of casing: inches Type of screen: feet to 178 feet						
Well depth: 118 Well grouted to a depth of: 10 Casing length: 18 feet Casing diameter: Screen length: 10 feet Screen diameter: Screen slot size: 10 inches Setting depth Type of completion (circle all applicable): Gravel packed Other (describe): feet Screen slot size: 10 of lap pipe or reduction in casing: 15 feet	inches Type of screen: inches Type of casing: inches Type of screen: From LB feet to 178 feet Underreamed Open hole Natural Development						

3)



County: Permit #:		For Office Use Only:		
The sketch below only required for water wel	lls <u>Description of formations en</u> and boreholes, unless specifi	icountered m ically exemp	ust be provide ted by regulati	d for all wells ons
If well telescopes, show depths on sketch. Ground Level	Description of Formations Enco	ountered	From (depth) Ground level	To (depth)
	- tops	.81/	0	
	SANDY C	Ay	1	130
	Sand		130	178
If more than one screen, show location of each on sk	cetch			
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that 3) any roads, power lines, or other items that may 1) north arrow	t may aid in locating the well	l	48	
Landowner Name: HEREBY CERTIFY that the well/borehole was diequirements of the Mississippi Department of E f applicable, and state laws.	rilled, constructed, and completed in invironmental Quality and the Mississip	accordance opi Departm	with all applient of Health	cable regulations,
Willie Torday 0-50 Print Name of Responsible Licensee and License	08 1/1/1/2 24 No. Date	Signature	of Licensee	
THE Name of Responsible Licensee and License	102	and the first	Form: OLWR-	SWR-1A (#/13)

STATE WELL REPORT

County: W

Permit #:

Driller: W

Date completed:

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:	
Aquifer:	

Copy information from block on Part 1 (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 Location Well Owner Information Latitude:_____Longitude: _____ Method of Lat/Long (check one): Conventional Survey____ USGS quad_____, Hand-held GPS_____, Survey-grade GPS_ State Zip Code City Telephone No. (. Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____ Rated Pump Capacity: _______ | O _____ Gallons Per Minute Date Pump Installed: _ Repaired Replacement (New) Is This Pump (circle one): Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: ______feet Number of Stages: ___ Horse Power Rating of Motor: __ Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): ______ hours Date Well Tested: ____ Static Water Level (A): ______ Feet Below Dand Surface Pumping Water Level (B): ______ Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface Test Pumping Rate: ________ Gallons Per Minute Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____feet. feet after _____hours of pumping GPM with a drawdown of ___ Well vielded _ Meter Installation Meter Manufacturer: ______ Meter Serial Number: _____ Type of Meter:_____ Meter Model Number/Name: _____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____ Meter installed by: Installation Date: _____ 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. tomp installer

Print Name of Pump Installer and License No. (if applicable)

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