County: Washington
Permit #:
Driller. Charles M. Nichols
Date drilling completed: 10-6-15

Well Owner Information

(Landowner if borehole is not for a water well)

· STATE WELL REPORT Part 1

Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources

P.O. Box 2309 Jackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

For	Office Use Only:
Well #:	A 375
Aquifer:	
E-Log #:	

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)	2210 WI QUAZZ
Owner Name: Derrick Young	Latitude: 33 38 44 Longitude: 91 03 3 3
Mailing Address: 64 Lamon + Rd	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☐ Hand-held GPS. ☐ Survey-grade GPS
Greenville Ms. 39703 City State Zip Gode	NE 11 5E 11, Sect 9 T 19 NR S W
Telephone No(Miles of (Distance) (Direction) (Nearest Town)
Well / Bor	ehole Data
Date drilling started: 10-6-75 Date drilling completed:	10 - 6 - 15 Hole depth: 460 Hole diameter: 77/15 X 5
Location of the source of any surface water used for drilling:	City Water
Method of dosing and volume of Chlorine used in drilling and deve	
Logs run (check all applicable): ☐ No log run ☐ Electric ☐ Gam	ma Ray 🔲 Density 🔲 Sonic 🗎 Neutron 🔲 Other:
Name of organization running log(s):	
Purpose of borehole (check one):	prical/Geological Investigation
<u>_</u>	
<u> </u>	Other (describe)
	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ P	ublic Supply Irrigation Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 6 feet [above or 9 belo (check one)	w] land surface Date measured:
Method of Measurement (check one) Steel tape Electric tap	pe Air line Other: (describe)
Well depth: 460 Well grouted to a depth of: 25 feet	Type of grout (check one): Neat Cement Effentonite Mix
Casing length: 430 feet Casing diameter: 4	v 2 inches Type of casing:
Screen length: 30 feet Screen diameter:	inches Type of screen:
Screen slot size: inches Setting depth:	From <u>430</u> feet to <u>460</u> feet
Type of completion (check all applicable): Gravel packed U	nderreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: 200 Feet	
If telescoped or more than on	e screen, describe on next page
	Form: OLVESTIP OF 14/30

	For	Office Use (Only:
County: Washing to	Well #:	17-76	
Permit #:	, **GII #	111)
T GITTIE TO	·		
The sketch below only required for water wells	Description of formations encountered must	he provided for al	l wells
If well telescopes, show depths on sketch.	and boreholes, unless specifically exempted by	y regulations	r wests
	Description of Formations Encountered	From (depth)	T- (-14)-
Ground level	Clas-	Ground level	To (depth
D.	course sand + pramode		60
200	Clar Sand + p gravel	110	110
\$ ~	Hand class		120
, 13	Sender Ost alb	120	180
~	Clean + shale	180	220
\$ ² \	Inch.		239
11	Class & chale	239	240
	Clan	240	360
	and the same	360	410
	Course sand	410	420
	COURSE SAND	420	460
110			
		·	
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x 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
68 2			
771			
f more than one screen, show location of each on sketch			
one server, show location of each off sketch			

- 3) any roads, power lines, or other items that may aid in locating the property and the well 4) a north arrow

Received

APR 28 2016

By OLWR

Landowner Name: Derrick	Young	
I HEREBY CERTIFY that the well/borel requirements of the Mississippi Departrif applicable, and state laws.	nole was drilled, constructed, and com nent of Environmental Quality and the	Form: OLWR-SWR-1A (04/08) pleted in accordance with all applicable Mississippi Department of Health regulations,
Print Name of Responsible Licensee at	nd License No. Date	Signature of Licensee

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

County: Washington	
Permit #:	
Driller: Charles M. Nickals	
Date drilling completed: 10-6-15	ļ
Copy information from block on Part 1	

STATE WELL REPORT 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
(601) 360-0535 (fax)

For Well #:	Office Use Only:
Aquifer:	

, ,	
This part of the report must be completed by a licensed water well of the report must be attached and both parts filed with the Depar	l contractor or a licensed pump installer. A copy of Part I rement at the above address within 30 days of well completion
Well Owner Information	Well Location
Owner Name: Derrick Young	Latitude: 33° 29' 44.17 Mongitude: 91'03' 32.37'W
Mailing Address: <u>64 Lamont</u> Rd	Method of Lat/Long (check one): Gonventional Survey,
	☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS
Greenville Mb. 38703 City State Zip code	¼ ¼, Sec T R
	3 Miles 4) of Careautille
Telephone No(Miles N of Greenville (Distance) (Direction) (Nearest Triwn)
Pump Typ	e (check one)
	ell
	Rated Pump Capacity: Gallons Per Minute
Is This Pump (check one): New Repaired Replacement	e (check one)
☐ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO	
Horse Power Rating of Motor: Setting Depth:	120 feet Number of Stages: 7
Down Took Date &	N. Planta Mall
·	or Non Flowing Well
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours
	Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surfa	ce Test Pumping Rate: Gallons Per Minute
Method of measurement (check one): Steel tape Electric ta	pe 🗌 Air line 🗍 Other (describe):
Pump Test Data	a for Flowing Well
Measured shut in head: feet	
Well yielded GPM with a drawdown of	feet after hours of pumping
Meter I	nstallation
Meter Manufacturer:	Meter Serial Number:
Meter Model Number/Name:	Type of Meter: Received
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 100	0, etc):
Installation Date: Meter installed by:	APR 2 8 2016
Is This Meter (check one): New Repaired Replacement	
Important: By submitting the above information you are cer For agricultural wells, a list of app	tifying that this meter was installed to Yannyachus Yanaurds. Toved meters is on the MDEO website.
I HEREBY CERTIFY that the above statements are true to the bi	est of my knowledge.
Charles M. Nichols 0667	4-20-16 Charles M. Alertal
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer Form: OLWR-SWR-1B (4/13)
	Form: OLWR-SWR-1R (4/13)