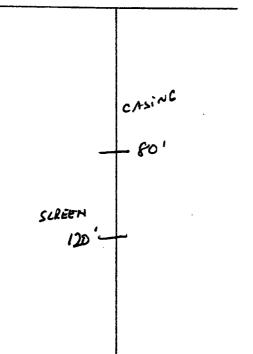
State W	ell Report		
	urt 1	For Office Use Only:	
ALL-HEIGXIA Mississippi Department	of Environmental Quality	Aquifer:	
	nd Water Resources ox 10631	Well #:K180	
Driller: SINETVOME OTT		L. S. Elevation:	
Date drilling completed: 8.5.17 (601)9	61-5210		
(601)354	-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed wi	ith the Department within	
Well Owner Information	Well	Location	
Owner Name Davis Davis + Davis	Latitude: 33 • 11 · 39	" Longitude 09 00 '00"	
Mailing Address: PO. Box 64	Method of Lat/Long (circle on	e): Conventional Survey,	
	USGS quad Hand-held	GPS, Survey-grade GPS	
Aven MS 38723	NE YANE YA Sec 3"	1- Twn 16N Rng 8W	
Aven MS 38723 City State Zip Code	NW		
Telephone No. ()	Distance Direction Nearest Town <u>2</u> Miles <u>S.E.</u> of <u>AVON</u>		
-			
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply			
Date well drilling started: $\frac{9-15-13}{2}$ Date	well drilling completed: $8 \cdot 1$	5.13	
If flowing, method of flow regulation: Valve Other (lescribe)		
Static Water Level:feet above or below (circle one)	land surface Date measured:		
Method of Measurement (circle one) steel tape electric tape	e air line other:	•	
Hole depth: <u>123</u> Well depth: <u>120</u>	_ Well grouted to a depth of	LO feet	
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 80 feet Casing diameter: 16	inches Type of casing:		
Screen length: 40 feet Screen diameter: 16	inches Type of screen:	Pvc	
Screen slot size: .060inches Setting depth: From	80	20 feet	
Type of completion (circle all applicable): Gravel packed Under	erreamed Telescoped Ope	n hole Natural Development	
Other (describe):			
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one se	creen, describe on back of page	
Logs run (circle all applicable): No log run Electric Gamma Ra	y Density Sonic Neutron	Other:	
Name of organization running log(s):		· · · · · · · · · · · · · · · · · · ·	
Name of organization running log(s): I certify that the well was drilled, constructed, and completed h			
Department of Environmental Quality and/or the Mississippi D	epartment of Health regulatio	ns and state laws.	
JOHN NEWLONE 0.773	4dils	lui	
Print Name of Water Well Contractor and License No.	V Signature	of Water Well Contractor	
1			

K180

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	То
Top Soil	0	10
mix CIAY	10	30
Fine to medium Fine Sano	30	80
COARSE SAND - gravel	80	123
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction. Set MAP Landowner Name:

Signature of Water Well Contractor

STATE W	ELL REPORT	
County: Weshing Part Permit #: <u>GW-4519 X (c</u> Driller: <u>J. New Come</u> 0773 Date completed: <u>8.15.13</u> <u>Copy information from block on Part 1</u> <u>Copy information from block on Part 1</u>	Part 2 er's Completion Report ment of Environmental Quality and and Water Resources 0.0. Box 2309 on, MS 39225-2309 601)961-5210) 360-0535 (fax) r well contractor or a licensed pur Department at the above address w Well L Latitude: <u>33°(1'39</u> ' Lor	vithin 30 days of well completion ocation gitude: <u>91~ රィ</u> のつ ^り
Address: 1.0.1.0.5 6.7 Aug M.5 3.87.2.3 City State Zip Code Telephone No. ()		PS <u>X</u> , Survey-grade GPS <u>34³³T_16N_R_8W</u> f_ <u>AUDA</u>
Date Pump Installed: <u>8/16/13</u> Is This Pump (<i>circle one</i>): New Repaired Replaceme Power Ty Electric Dieset Gasoline Natural Gas Tractor PTO Win Horse Power Rating of Motor: <u>60</u> Setting Dep	ent y pe (circle one) ndmill Other (<i>describe</i>):	
Date Well Tested:	rface Test Pumping Rate:	num 4 hours): hour Feet Below Land Surfac Gallons Per Minut hours of pumping
Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, ga Installation Date: Is This Meter (circle one): New Repaired Replacer Important: By submitting the above information you are	Type of Meter: al x 1000, etc): : nent	alled to manufacturer standards
I HEREBY CERTIFY that the above statements are true to the statements are true to the statements are true to the statement of	9/10/13 April	ature of Pymp Installer

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