County: Widston

Driller: Dand West

Date drilling completed: 614-2018

Permit#:

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)961-5555

(601)961-5228 (fax)

For Office Use Only:	
Well #: 034	
Aquifer:	
E-Log #:	

State Law requires that this report be prepared by the license holder responsible for the work and files with the Department at the above address within 30 days of completion of deliber of the work.

	aptenon of arming of the wen or corenoter			
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location			
Owner Name: Klon 20 Milles	Latitude: 33,1999 Longitude: 89,139915			
Mailing Address: 5000 Highlant Ubit No.	Method of Lat/Long (check one): Conventional Survey.			
V	USGS quad, Hand-held GPS X, Survey-grade GPS			
Louis ville MS 31339 City State Zip Code	SE NNW 1, Sec 11 TISN RILE			
	2 Miles NW of GUSWILL			
Telephone No. (<u>Clad.)</u> <u>205-1257</u>	(Distance) (Direction) (Nearest Town)			
Well / B	orehole Data 1,14			
Date drilling started: (5/12/2018) Date drilling completed:	6-13-30 8 Hole depth: 300 Hole diameter: 62			
Location of the source of any surface water used for drilling	ne: Rond on Janulousnes peoples			
Method of dosing and volume of Chlorine used in drilling a	nd development: Tabs SD (Pm)			
Logs run (chèck all applicable): Xlog run Electric Sam	na Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (check one): Water Well Geotechn	ical/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 (check all applicable): Home Industrial Public Supply X Irrigation Fish Culture				
Other (describe):	JUN 27 2018			
if a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 135 feet Labove or bel (check one)	ow] land surface Date measured:			
Method of measurement (check one) Steel tape Electric	tape Air line Other (describe): 50 nus			
Well depth: 300 Well grouted to a depth of: 10	feet Type of grout (check one) Neat Cement Bentonite Mix			
Casing length: 280 feet Casing diameter:	inches Type of casing: $\ell \checkmark c$			
Screen length: <u>30</u> feet Screen diameter:	inches Type of screen: PVC			
Screen slot size: <u>.010</u> inches Setting depth	: From 280 feet to 300 feet			
Type of completion (check all applicable) Travel packed	UnderreamedOpen holeNatural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet				
If telescoped or more than	one screen, describe on next page			

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

County: Winston Permit #:			1	r Office Us	e Only:
				_D34	
The sketch below only requ		Description of formation	is encountered	must be provi	ded for all wel
If well telescopes, show dep	ths on sketch.	and boreholes, unless st		pted by regula	tions
Ground Level		Description of Formations	Encountered	. From (depth)	To (depth)
		Clay		Ground tevel	32
,	•	Sofrection	•	39.	119
		Sandy		113	100
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more than one screen, show lo					
				}	
etch the property layout and in 1) the well location 2) any permanent structures 3) any roads, power lines, or	41	id in locating the well locating the property and the	as a li	***************************************	
4) forth arrow		, women's one property and the	weit	N	
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	20 mille				
REBY CERTIFY that the wel uirements of the Mississippi pplicable, and state laws.	ll/borehole was drilled, o i Department of Environn	constructed, and completed nental Quality and the Missi	in accordance ssippi Departm	with all appli ent of Health	cable regulations
), ~1	 سر د.	,
David West 0-672	1	6-14-9018	WHU	re	
nt Name of Responsible Lice	nsee and License No.	Date	Signature	of Licensee	
	:			Form: OLWR	-SWR-1B (4/1:

West Water Well Drilling

STATE	WELL	REPORT
	Dane	. •

County: Laste 11	Part 2			
Permit #:	Pump Installe	er's Completion Deport	For Office Use Only:	
Driller: Day & West	I wassissiphi nebili	ment of thirring mental Augusta	Well #: _ D 34	
Date completed: 6-13-2018	Office of La	nd and Water Resources 2.0. Box 2309		
Copy information from block on Part 1	Jackst	on, MS 39225-2309	Aquifer:	
post Block Uniful 1		601)961-5210		
This part of the repart wast he complete) 360-0535 (fax)		
This part of the report must be complete of the report must be attached and both Well Owner information	u by a licensed water Parts filed with the T	well contractor or a licensed pur	op installer. A copy of Part 1	
Well Owner Information	on			
Owner Name: Alonzo Miller		33-10-41 Well L Latitude: 33.17999 Lon	-84-08-23	
Mailing Address: 5020 Highlia	+ Weithol	Lacticade 1// Lon	atride: 01,12/8/3	
		Method of Lat/Long (check one)	: Conventional Survey,	
Louisville ms	39339	USGS quad Hand-held GF	S_X; Sorvey-grade GPS	
City State	7in Ende	SE 14 NW 14, Sec_	11 TISNRIE	
Telephone No. ([4] 105 125)	a Miles NW of	Louis will	
		(priection)	(Nearest Town)	
Sub	Pump Typ	e (check ane)		
Submersible Arurbine Air Lift Centrifu	gal Flowing Well C	Liet Piston CRotary Other (des	rriha).	
	R	ated Pump Capacitic 20	104).	
Is This Pump (check one): New Repart	aired Replacemen	t	Gallons Per Minute	
	Dower Tur			
Electric Diesel Gasoline Natural Gas Horse Power Rating of Motors 240.	T	· <u> </u>		
Horse Power Rating of Motor: 24.0.	Setting Denti	180 - 180 -		
	Totaling Bepti	reet Number o	f Stages:	
Date Well Testods	Pump Test Data f	or Non Flowing Well		
Date Well Tested: Static Water Level (A):	i	Duration of Pump Test (minimu	m 4 hours): hours	
1,660	below Land Surface	Pumping Water Level (P)	Feet Below Land Surface	
Drawdown [(B) - (A)]:F	eet Below Land Surfa	re Tort Burnets - D.	•	
Method of measurement (check one): Ste	el tape [[Electric tar	e Mir line Took - 14 - "	Gallons Per Minute	
	Pump Test Date	for Flowing Well		
Measured shut in head:feet.				
Well yieldedGPM with a dra	awdown of	£4 #*	·	
			ours of pumping	
Meter Manufacturer:	:Meter in	stallation		
	<u>-</u>	Meter Serial Number:	PECEIVED	
Meter Model Number/Name:		Type of Meter:	I L U L I	
Totalizer Register Unit and Multiplier Fact	tor (AF x .001, gal x	1000, etc);	D JUN 27 000	
Installation Date: Me	eter installed by:	RECHIVE	D 3014	
is This Meter (check one): New Repair	Irad Donle		, B,	
Important: By submitting the character Leplacement JUN 2 7 2018				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. HERERY CECTIES that the above information you are certifying that this meter was installed to manufacturer standards.				
HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
O Line Co. S C. S.				
1 build West 0-672		6-14-2018 Lews	Who	
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer				
Form: OLWR-SWR-2A (4/13)				