## Pruow Pruor #2

State V	Vell Report				
	Driller's Log	For Office Use Only:			
Mississippi Departme		Aquifer: 270			
	and Water Resources Box 2309	Vell-#:			
	n, MS 39225	. S. Elevation:			
I Date drilling completed: ID 47-6-11 / 1	11- 5228 (fax)	-			
	' E	3-log #:			
State Law requires that this report be prepared by the li Department at the above address within 30 days of com					
Information on Well Owner	Well or Borel				
(Landowner if borehole is not for a water well)  Owner Name Pillow Faces	Latitude: 32 · 44 · 27 " Longitude: 96 · 30 · 22				
Mailing Address: P.O. Dox 10	Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: 1.O. CAX 10	USGS quad, Hand-held GF	R, Survey-grade GPS			
(1,1) (1) (2011)	NE 45E 1/4 Sec 04 V				
Satartia MS 39162 City State Zip Code	Distance Direction of	Nearest Town			
Telephone No. ()					
Well / Bor	ehole Data				
Date drilling started: 10.22.12 Date drilling completed: 10.22.	12 Hole depth: 112 H	ole diameter: 2411			
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:  CHLORINE TABLETT					
Logs run (circle all applicable No log run  Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnical/Geo	logical Investigation Ground So	ource Heat Pump			
Seismic Survey Other (describ  If drilling is not related to water well construction					
Purpose of Well (check one): Home Industrial Public Suppl	V				
If a flowing well, method of flow regulation: Valve(	`				
Static Water Level: feet above or below (circle one) land surface					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: \( \frac{\lambda}{\log } \) Well grouted to a depth of \( \frac{\log }{\log } \) feet \( \text{Type of grout (circle one): Neat Cemer Bentonite } \) Mix					
Casing length: TD feet Casing diameter: 16 inches Type of casing: P.J.C.					
Screen length: 4D feet Screen diameter: 16 inches Type of screen: P.V.C.					
Screen slot size:					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural 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 (04(08)					

sketch below only required for water wells	Description of formations encountered	l must be provided	for all
vell telescopes, show depths on sketch.	wells and boreholes, unless specificall	y exempted by regu	<u>lations</u>
Ground Level.	Description of Formations Encountered	From (depth)	o (depth
	TOPSOIL	Ground Level	10
1	CLAY	No	35
11	MIX	35	43
	FINE SAND	45	55
LO LF	MED. FINE SAND	55	40
	MEDIUM SAND	60	80
1 16 CUZINE	FINE SMO	80	90
	COARSE PUSITIES	90	110
	BOTTOM	NO	112
♥			
		-	
Nan-			
1/204			
1 DUF USING		<del>                                     </del>	
<b>T</b>		<del> </del>	
1 OLF CASIN+		<u> </u>	
• 19			
122		<del> </del>	
1 600		<del>                                     </del>	
16"SCAUTED			
TA IN SCHOOL			
		<del>                                     </del>	• • • • • • • • • • • • • • • • • • • •

Sketch the property layout and include the following: 1) t aid in locating the well; 3) any roads, power 4) a north arrow.	the well location; 2) any permanent structures on the property that may r lines, or other items that may aid in locating the property and the well;
Sze	MAP
andowner Name:	
	Form: OLWR-SWR-1A (04/0

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN PENCOME C.

0.773 10.22.17

Signature of Licensee

Print Name of Responsible Licensee and License No.

## STATE WELL REPORT

## County: \(\frac{1}{400}\) Permit #: \(\frac{6}{400}\) - \(\frac{4}{600}\) Driller: J. Narcome

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:			
Aquifer.			
Well #: G70			

Date completed: (0-22-12		961-5210 4-6938 (fax)	Elevation:		
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.					
Well Owner Informati	on	Weil	Location		
Owner Name: Pillow Fass				200	
Owner Name: 11 (800 1 41)	<u>~2</u>	Latitude: <u>32.044.27</u>	Longitude: 70 · 7	20.97	
Mailing Address: YO B	10	Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand	-held GPS. Survey-gr	rade GPS	
Sataltia M City State	5 39162 Zip Code	NE 145E 14 Sec 04 Two/ON Rog 03W			
org State	Lip Code.	Distance Direction	Nearest Town		
			. 1	]	
Telephone No. ()		10 Miles 5. W. o	f 19700 Ci	ry	
D					
Pump Type Circle one			wer Type ircle one		
Air Lift Jet	Submersible (	Diesel Engine Gasolin	ne Engine N	atural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tr	actor PTO	
Centrifugai Rotary	Flowing Well	Windmill Other (	(specify):		
Other (specify):		Horse Power Rating of Motor:		,	
Date Pump Installed: 10-24-20	015	Setting Depth:		į	
Rated Pump Capacity: 1800	Gallons Per Minute	Number of Stages:			
Pump Test Data		Method of Me	asuring Water Level		
			ircle one		
Date Well Tested:		Air Nine Flectric Mea	suring Line Ste	1	
1 II F	Below Land Surface	Other (Specify):	Sming Tine 26	cel Tape	
Pumping Water Level (B): Feet	Below Land Surface		dex		
Drawdown (P) - (A) Feet	Below Land Surface	For flowing well, measured sh	fut in head:	feet	
Test Pumping Rate	Gallons Per Minute ~	Well yielded	GPM with a drawd	lown of	
Duration of Pump Test (minimum 4 hours):	howrs	feet after_	hours	of pumping	
		1			
I HERERY CERTIEV shot she about				The same of the same of	
Habbard Stephens	7410	or my knowledge.	el	FEB 2 0 2013	
Print Name of Pump Installer and License 1	No. (if applicable)	Signature of Pump Ir	nstaller	E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	