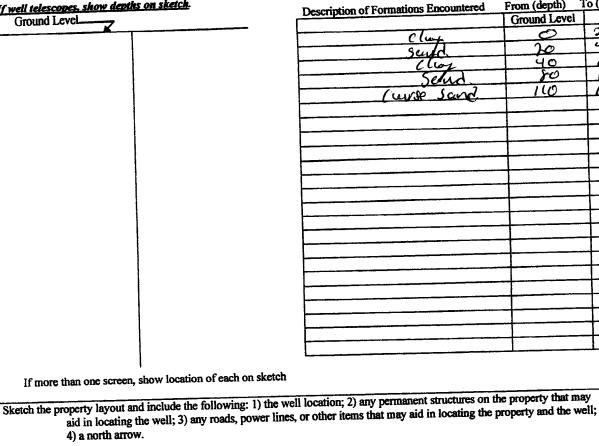
inty: <u>Like Am, HP</u> mit #: Mississippi	ATE WELL REPORT Part 1 Driller's Log Department of Environmental Quality ice of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax)	For Office Use Only: Well #: 12.1 Aquifer:	
State Law requires that this report be prepare	d by the license holder responsible for t	he work and filed with the	
Department at the above address within 30 da Well Owner Information	Well or Bore	hole Location	
(Landowner if borehole is not for a water we	ell) Latitude: 31°5 9.9" Los	ngitude: <u>40° 33′ 23,3″</u>	
wner Name: <u>Major Gill</u>	Nothed of Lat / Long (check on	e): Conventional Survey,	
ailing Address: <u>Quentix</u> Rd			
	USGS quad, Hand-held C	SPS, Survey-grade GPS TNRDE	
Magnolit mS			
	CodeMilesG (Distance) (Direction)	of(Nearest Town)	
elephone No. ()	Well / Borehole Data		
	drilling and development:	Othern	
Logs run (circle all applicable): No log run Electroname of organization running log(s): Purpose of borehole (circle one): Water Well	ric Gamma Ray Density Sonic Neutr Geotechnical/Geological Investigation	Ground Source Heat Pump	
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



Landowner Name: Mayor Gill Form: OLWR-SWR-1A (04/08)

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 3-24-16 Bund Fitzerald Date

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Print Name of Responsible Licensee and License No.

Signature of Licensee

Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

To (depth)

20

40

ଚ୍ଚ

110

120

From (depth)

 ${\cal O}$

20

40 80

10

OK A THE	STATE WEL		.T	For Office Use Only:	
County: Mike Amite	Part 2 Pump Installer's Completion			•	
Permit #: Mi	ississippi Department of	Environmental (Duality		
Permit #: Mi Driller: Filzevald kellferre	Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210		Well #	Well #: 1129	
Date completed: 3-26-6			Elevat	Elevation:	
Copy information from block on Part 1	(601)961-53				
This part of the report must be completed by a	licensed water well com	tractor or a licen	sed pump installer.	A copy of Part 1 of the	
report must be attached and both parts filed with Well Owner Information	<u>th the Department at th</u>	e above address	within 30 days of we Well Location		
		.atitude: <u>31°5</u>		ude: 90° 33 23.3	
Owner Name: <u>Major GJU</u> Mailing Address: <u>Quentriv Rd</u>		ethod of Lat/Lon	ng (check one): Con	ventional Survey,	
	ι	SGS quad,	Hand-held GPS	, Survey-grade GPS	
City State	Zin Codo	¼	_ ¼ Sec	TR	
Telephone No. ()	D	istance I Miles	Direction of	Nearest Town	
Pump Type Circle one Air Lift Jet Sub	mersible D	iesel Engine	Power Typ Circle one Gasoline Engine	:	
Bucket Piston Tur	bine E	ectric Motor	Hand	Tractor PTO	
Centrifugal Rotary Flo	wing Well W	/indmill	Other (specify)	·	
Other (specify):	Н	orse Power Ratin	ng of Motor:	2.	
Date Pump Installed: 3-26-16.	s	etting Depth:	110'	feet	
Rated Pump Capacity:Galle		umber of Stages:	<u> </u>		
Pump Test Data		Mc	thod of Measuring	Water Level	
Date Well Tested:	A		Circle one lectric Measuring L		
Static Water Level (A):Feet Belo	w Land Surface		•		
Pumping Water Level (B):Feet Below		uner (specify):			
Drawdown [(B) – (A)]:Feet Below		or flowing well,	measured shut in hea	ad:feet	
Test Pumping Rate:Galle	ons Per Minute W	/ell yielded	GPM	with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours		feet after	hours of pumping	
~			······································		
This is for (circle one): New Well	Replacement of Existin	g Pump	Repair of Existing P	ump	
I HEREBY CERTIFY that the above statements	are true to the best of m	y knowledge.			
BIAL Folzen W Odle Print Name of Pump Installer and License No. (i	familicable	Rul Jeld	of Pump Installer	Receiv	
rime wante of rump instance and License No. (1	ι αρμικαυις)	oggnatuic	Form	: OLWR-SWR-1C (07-0	
				By OL	
				Dy UL	

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