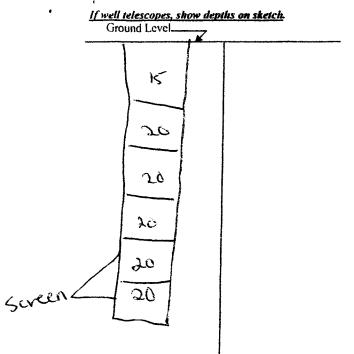
County: <u>Cochoma</u> Permit #: <u>GW-48212</u>	State Well Report Part 1 – Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)		For Office Use Only: Aquifer: Well #: D & 5
Driller: <u>JOEL</u> Jumple Date drilling completed: <u>10-10-14</u>			Well #:
State Law requires that this report	s rt be prepared by the lic	ense holder responsible for	the work and filed with the
Department at the above address		pletion of drilling of the well Wall or B	or borehole.
Information on Well ((Landowner if borehole is not fo			
Owner Name RIVERBERD	Farms	Latitude: <u>34°_11'38</u> Method of Lat/Long (circle o	_" Longitude: <u>1 • 34 · 5 (0</u> " ne): Conventional Survey,
Mailing Address: <u>PO</u> Box	891		I GPS, Survey-grade GPS
City State Zip Code			Twn_ <u>2SN</u> Rng <u>OSU</u>
			Nearest Town
Telephone No. ()			
	Well / Borg	i hole Data	
Date drilling started: 10-10-14 Date dr Location of the source of any surface wate Method of dosing and volume of Chlorin	er used for drilling:	Parest Well	
Logs run (circle all applicable): (No log ru Name of organization running log(s):	n Electric Gamma Ray	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water W	ell / Geotechnical/Geol	ogical Investigation Ground	d Source Heat Pump
Seismic If drilling is not related	SurveyOther (<i>describe</i> I to water well construction	?) m, skip the remainder of this bl	lock
Purpose of Well (check one): HomeI			1
If a flowing well, method of flow regulation			· · · · ·
		land surface Date measured:	/0-/1-/4
Method of Measurement (circle one) $\sqrt{3}$ Well depth: 115 Well grouted to a de			
Casing length: 75 feet Casin			
Screen length: $\underline{40}$ feet Scree	en diameter: 10	inches Type of screen:	<u>puc</u>
Screen slot size: 0.57 inches		feet to	
Type of completion (circle all applicable):		reamed Telescoped Open	
Top of lap pipe or reduction in casing:			
			Form: OLWR-SWR-1A (04/08)
			OCT 22 201
	÷ *		

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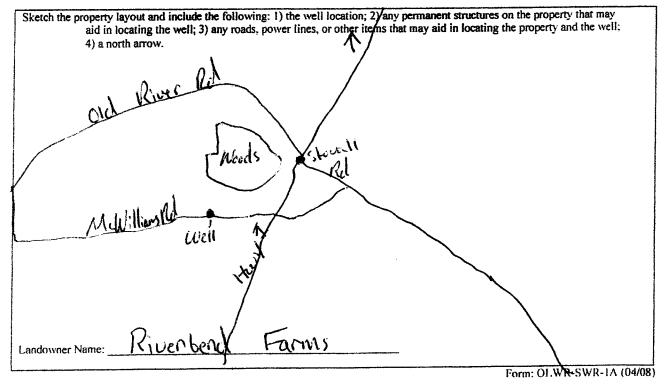
The sketch below only required for water wells



Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	20
Sanch 1	20	40
Course Sanch	40	(eii
Course sound,	60	50
sandt gaul	SU	ia
ovarti	100	115
J		
~ ~		T
	1	
	1	
	1	

Description of formations encountered must be provided for all

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



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. 0 Ĉ am ne s

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

OCT 22 2014

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		STATE W	ELL REPORT		
County: COMMC	IMA		Part 2	For Office Use Only:	
Permit #: GW-	48213	Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources			
Driller: JOEL				Well #:	
Date completed:	10-10-14	Р	.O. Box 2309	Aquifer:	
Copy information f	rom block on Part 1	(6	n, MS 39225-2309 501)961-5210 } 360-0535 (fax)		
of the report must b We Owner Name: Mailing Address: Mailing Address: Mailing Address: City Telephone No. (/// Submersible Turbin Date Pump Installed	the attached and both 11 Owner Information 11 Owner Information 11 Owner Information 12 DELTTA P P.D. JOL TA P P.D. JOL TA P 13 DELTTA P 14 P 15 DELTTA	parts filed with the D on ALM FUNDLUC 5 25 Zip Code 983 Pump Typ ugal Flowing Well	Well L Latitude: <u>34.</u> <u>17.</u> <u>38.</u> Lor Method of Lat/Long (<i>check one</i> USGS quad, Hand-held G <u></u>	within 30 days of well completion. .ocation ngitude: <u>90 ° 39, 56 "</u>	
is This Pump (circle	one): New Rep	THE OTHER DATA OF THE OTHER DATA OF THE REAL PROPERTY OF THE REAL PROPER	nt pe (circle one)		
Electric Diesel G	asoline Natural Gas				
		-	h:feet Number		
		Pump Test Data	for Non Flowing Well		
	1.			num 4 hours): hours	
				Feet Below Land Surface	
Drawdown [(B) - (A)]:	Feet Below Land Surf	ace Test Pumping Rate:	Gallons Per Minute	
Method of measurer	nent (circle one): St	and the second	ape Air line Other (<i>describe</i>):_		
			ta for Flowing Well		
Measured shut in he	ad:feet				
Well yielded	GPM with a c	drawdown of	feet after	_hours of pumping	
	nen dirik contact herebelang habitan beradik dirik kerangkan berangkan ber		Installation		
Meter Manufacturer	:	NA	Meter Serial Number:		
		/			
			x 1000, etc):		
			× 1000, etc)		
instattation Date.					
				ulled to manufacturer standards, 2 3 2014	
	bmitting the above in	formation you are ce	rujying that this meter was insta	anea to manufacturer stantartas.	
ls This Meter (circle Important: By sui	bmitting the above in	formation you are ce ral wells, a list of app	proved meters is on the MDEQ w	rebsite.	
Important: By sul I HEREBY CERTIFY t DAUED P.	bmitting the above in For agricultu hat the above state HOLT O-		e best of my knowledge. \mathcal{N} -20. \mathcal{M}	CLOWICE DE	