Jolted Well Service	State Well Report					
()	Part 1 – Driller's Log	For Office Use Only:				
County: Cachama Miss	sissippi Department of Environmental Quality	Aquifer: 375				
Permit #: 60 - 4(0585	Office of Land and Water Resources	Well #: E159				
Driller: Josef Jumper	P.O. Box 2309	Well#:				
	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:				
Date drilling completed: 2-2-13	(601)961-5228 (fax)	E-log #:				
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.						
Information on Well Owner		orehole Location				
(Landowner if borehole is not for a wa	nter well)					
Owner Name Charle Craia	Latitude: 3 1 10	C Longitude: 11 JJ 65				
	Method of Lat/Long (circle or	ne): Conventional Survey,				
Mailing Address: 130 DOX 1	USGS quad, (Hand-held	GPS Survey-grade GPS				
< 1 A4	7/171 DEV NEW Sec 03	Twn 28N Rng 04W				
City State Zip Code Distance Direction Miles						
		of Mar Point				
Telephone No. ()						
Well / Borchole Data						
Date drilling started: 2-2-13 Date drilling completed: 22-13 Hole depth: 115 Hole diameter: 21						
Location of the source of any surface water used for drilling: New Ull Method of dosing and volume of Chlorine used in drilling and development:						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:						
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic SurveyOther (describe)						
If drilling is not related to water	er well construction, skip the remainder of this blo	ock				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 2-2-13						
Method of Measurement (circle one) steel tape electric tape air line other:						
Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC						
Screen length: 40 feet Screen diameter: 10 inches Type of screen: 0vc						
Screen slot size: .50 inches Setting depth: From						
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)

RECEIVED

FEB 1 3 2013

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formati	ons Encountered	From (depth)	Γο (de
gumt	OD.	Ground Level	/ 1
2000	b	30	4
Sano	\	1 70	 -{
gav	21	Len-	
34	HE Social	100	-
940	V A AVIX	100	
<u> </u>			
location; 2) any permanen or other items that may aid	t structures on the p	roperty that may serty and the well:	
was and and way	1 Mind	,	
	_		
1 1.	1.00 -	1	
10 Catina	dittren	<i>t</i>	
		ı	
	Parent	OLWR-SWR-1A	(04/09
	location; 2) any permanen	location; 2) any permanent structures on the por other items that may aid in locating the prop	Sand 90 gravel (ev)

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Jumper 5317

Print Name of Responsible Licensee and License No.

The sketch below only required for water wells

FEB 1 3 2013

Signature of Licensee

0.	STATE W	ELL REPORT	E- Off VI O I		
//64. 4		Part 2			
Permit #: GW - 46885		s Completion Report	Aquifer:		
Driller: JOEL Jumpez	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #: £159		
Date completed: 2-2-/3		Box 2309 n, MS 39225	Elevation:		
Copy information from block on Part 1	, ,)961-5210 1-5228 (fax)	Dievation.		
	• •	`			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.					
Well Owner Informati		Well Location			
Owner Name: CHARLIE CR		Latitude: 34° 27. 52 . Longitude: 90° 35. 23.			
Mailing Address: 1.0, BOX	Method of Lat/Long (check one): Conventional Survey,		e): Conventional Survey,		
***	USGS quad, Hand-held GPS, Survey-grade GPS		GPS Survey-grade GPS		
FREARS POENT MS 38631 NE 1/4 NE 1/4 Sec 03 T Z8N R OHW City State Zip Code			23 TZ8N R OHW		
Telephone No. ()		Distance DirectionMiles of	Nearest Town FRIARS POINT		
Pump Type		Pow	er Type		
Circle one Air Lift Jet	0.1	Cir	rcle one		
Air Lift Jet (Submersible	Diesel Engine Gasoline	Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	•	pecify):		
Other (specify):	-	Horse Power Rating of Motor:	20		
Date Pump Installed: 3-5-13		Setting Depth: 60) feet		
Rated Pump Capacity: 500	Gallons Per Minute	Number of Stages:			
Pump Test Data		Mathad of Man	suring Water Level		
Date Well Tested:		Circ	cle one		
Static Water Level (A): 20 Feet B		Air Line Electric Measu	uring Line Steel Tape		
		Other (specify):			
Pumping Water Level (B):Feet Be					
Drawdown [(B) – (A)]:Feet B		For flowing well, measured shur			
Test Pumping Rate:	Gallons Per Minute	Well 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 Existing Pump Repair of Existing Pump					
Anna					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
DAUTO P. HOLT C-752P					
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer					
Form: OLWR-SWR-1C (07-09)					