County: <u>COVING TON</u> Permit #: Driller: <u>James M. Wells</u> Date drilling completed: <u>8.27-15</u> State Law requires that this report	L Mississippi Depart Office of La Jacks (60 <i>be prepared by the</i>		
Department at the above address w Well Owner Information (Landowner if borehole is not for Owner Name: Scott Hick Mailing Address: <u>Codd Rogers R</u> <u>Seminory</u> City State Telephone No. (<u>Col</u>) <u>Colo - 8</u>	ion a water well) S 24. 39479 Zip Code	313632 Well or Bore Latitude: <u>31°36.543</u> Lon Method of Lat/Long (<i>check one</i> USGS quad, Hand-held G	ehole Location 89 25 54 ngitude: 089 25. 908 e): Conventional Survey, GPS, Survey-grade GPS, 55T_7NR_14W ofSEM in art 1
	vater used for drilling a De used in drilling a Electric Gam Well Geotechn ic Survey Other	ng: <u>Punning Crei</u> and development: <u>Gran</u> ma Ray Density Sonic Neutro	on Other:
Purpose of Well (circle all applicable): Other (<i>describe</i>): If a flowing well, method of flow regula Static Water Level: <u>130</u> feet Method of measurement (<i>circle one</i>): Well depth: <u>170</u> Well grouted to a Casing length: <u>150</u> feet Screen length: <u>20</u> feet S	teel tale Electric depth of: //	Public Supply Irrigation Other (describe) Other (describe) Iand surface Date measured tape Air line Other (describe) feet Type of grout (circle one): inches Type of grout (circle one):	Fish Culture d: 8.27-15 : Neat Cement Bentonite Mix casing: PVC
Screen slot size: <u>.ODT</u> inches Type of completion (<i>circle all applicable</i> Other (<i>describe</i>): Top of lap pipe or reduction in casing:	Setting depth e): cravel packed	: From <u>150</u> feet to Underreamed Open hole	o <u>176</u> feet Natural Development

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

County:	Covington
Permit #:	

Fo	or Office, Use Only:
Well #:	or Office Use Only:

From (depth)

Ground level

45

To (depth)

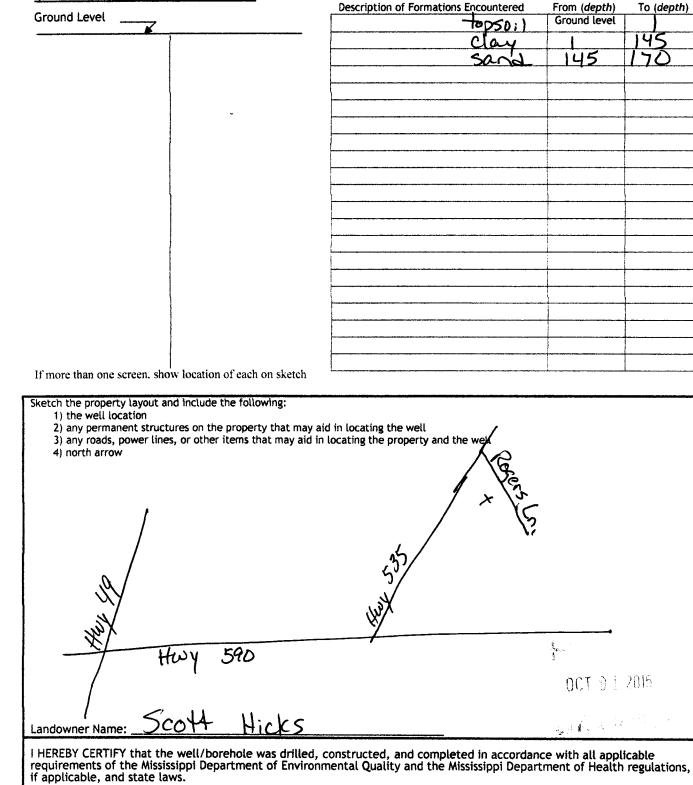
45

The sketch below only required for water wells

If well telescopes, show depths on sketch.

James M. Wells

Print Name of Responsible Licensee and License No.



00005889

28.15

Date

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

> Signature of Licensee Form: OLWR-SWR-1A (4/13)

OCT 01 2015

2011 C A 14

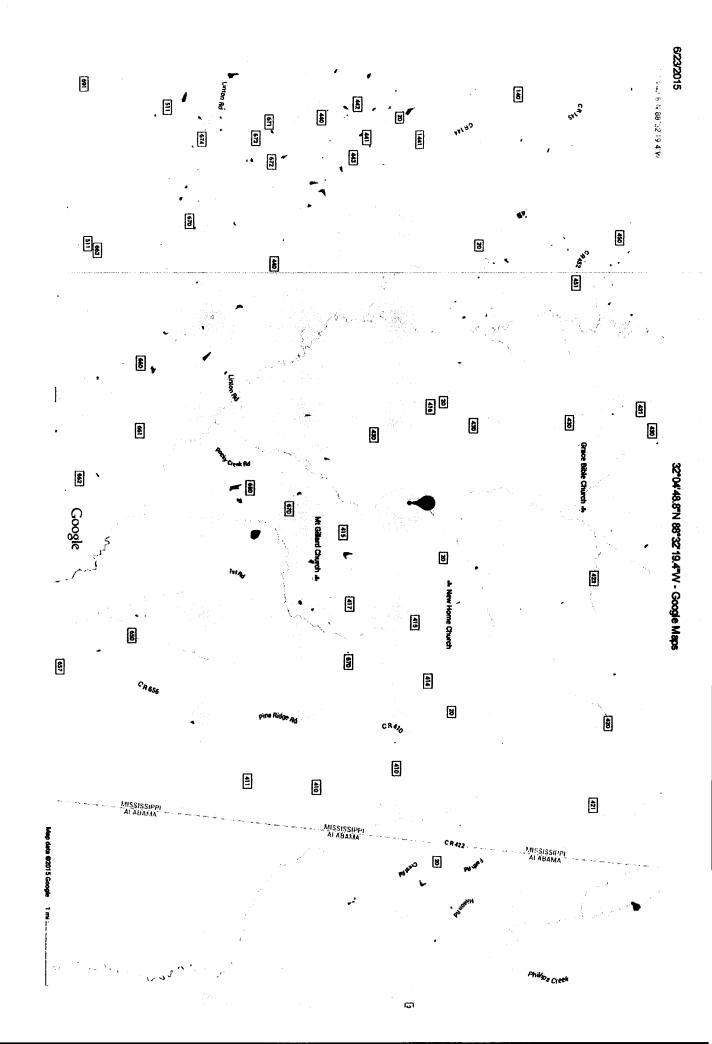
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same n. (

STATE W	ELL REPORT				
County: <u>Coving ten</u> Permit #: <u>Pump Installe</u> Driller: <u>Dames M. Wells</u> Date completed: <u>8:37-15</u> Copy information from block on Part 1	Part 2 r's Completion Report hent of Environmental Quality and Water Resources O. Box 2309 n, MS 39225-2309 501)961-5210) 360-0535 (fax) well contractor or a licensed purch begartment at the above address w $3(3 \times 3^2$ Well L Latitude: $3 ^{\circ} 3 _{o}, 543$ Lor Method of Lat/Long (check one USGS quad, Hand-held G NW_{4} NW_{4} , Sec_	pitude: $OSP 25.908$ pitude: OSP 25.908 pitude: Conventional Survey,			
Pump Type (circle one) Rubmersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Pump Test Data for Non Flowing Well Date Well Tested: Static Water Level (A): 130 Feet Below Land Surface Duration of Pump Test (minimum 4 hours): 4 4 hours Static Water Level (A): 130 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface Drawdown [(B) - (A)]: 139 3° Feet Below Land Surface Test Pumping Rate: 17 Gallons Per Minute Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):					
Measured shut in head:feet.					
Well yielded GPM with a drawdown of	feet after	hours of pumping			
Meter Installation					
Meter Manufacturer: Meter Serial Number:					
Meter Model Number/Name: Type of Meter:		1			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:					
is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
I HEREBY CERTIFY that the above statements are true to t	he best of my knowledge.				
I HEREBY CERTIFY that the above statements are true to t <u>James M. Wells</u> 00005889 Print Name of Pump Installer and License No. (<i>if applicable</i>)	9.28.15 tam	ature of Pump Installer			

a . . *



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