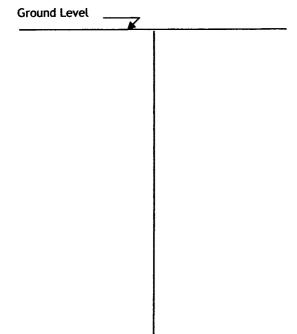
Department at the above address wi Well Owner Information (Landowner if borehole is not for o		Aquiter: E-Log #: For the work and filed with the
Mailing Address: <u>113 Thipu</u> <u>Lieedcile</u> , <u>us</u> City State Telephone No. ( <u>601</u> ) 770 - 4	A Fire Torn Rethod of Lat/Long (check USGS quad, Hand-hel 39452 Zip Code 3 Hilos Moth	of Aquala, us
Location of the source of any surface wa Method of dosing and volume of Chlorin		us o Water 5gal Black
<i>If drilling is not relat</i> Purpose of Well ( <i>circle all applicable</i> : H		
If a flowing well, method of flow regular Static Water Level: <u>3</u> feet	tion: Valve Other ( <i>describe</i> ) [above of below] I nd surface Date measu (circle one)	
Well depth: <u>100</u> Well grouted to a c Casing length: <u>90</u> feet Cas		ne): Neat Cement Bentonite Mix of casing: <u>Sch 40</u> of screen: <u>Sch 40</u>
Top of lap pipe or reduction in casing:		APR 0 4 2016

• ب ج	· · · · · · · · · · · · · · · · · · ·
	County:
	Permit #:

For	Office Use Only:	
Well #:	H153	

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Ned Sand Same + Maul	0	40
0	0	-
Sand & Maul	40	100
	1	
		·····
	1	
	-	

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

Sketch the property layout and include the following:	
1) the well location	
2) any permanent structures on the property that may aid in locating the well	
3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow	
4) north arrow N Shipman Fire Touler	E I
	L
$\omega$	~
WEIL	
	Received
Don 1 24 2 WARd we wind	APR 04 2016
Landowner Name: DON COLLELA PUT (CC	By OLWR
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance requirements of the Mississippi Department of Environmental Quality and the Mississippi Depart	ce with all applicable ment of Health regulations,
if applicable, and state laws.	
Joel Pieue 0-780 3-21-16 Joel	ierce
Print Name of Responsible Licensee and License No. Date Signature	e of Licensee

<u> </u>	STATE WELL REPORT	
County: Detre	Part 2	For Office Use Only:
Permit #: 0-780	Pump Installer's Completion Report Mississippi Department of Environmental Quality	Well #: 1153
Driller: Joel View	Office of Land and Water Resources	well #: <u>• • · · · · · · · · · · · · · · · · · </u>
Date completed: <u>3-21-16</u>	P.O. Box 2309	Aquifer:
Copy information from block on Part 1	Jackson, MS 39225-2309 (601)961-5210	Aquiter:
	(601) 360-0535 (fax)	
This part of the report must be completed of the report must be attached and both	d by a licensed water well contractor or a licensed pun parts filed with the Department at the above address w	np installer. A copy of Part 1 ithin 30 days of well completion.
Well Owner Informatio	on Well L	ocation
Dwner Name: Don USU	Latitude: <u>30-52-2</u> Lon	gitude: <u>88-30-92</u>
Mailing Address: 113 Shork	A Fire Tree Method of Lat/Long (check one)	: Conventional Survey,
	Rd USGS guad Hand-beld G	PS, Survey-grade GPS
$1 \dots 1 \dots 0$		17 T 25 R 5W
City State	Zip Code 2 4 _ 200 4, Sec_	
Felephone No. ()	3 Miles // KUM of	Acyalas, us (Nearest Town)
		(nearest rown)
	Pump Type (circle one)	
	ugal Flowing Well Jet iston Rotary Other (de	-
Date Pump Installed: <u>3-21-1</u>	G Rated Pump Capacity:	Gallons Per Minute
s This Pump (circle one): Rep	paired Replacement	
· · · · · · · · · · · · · · · · · · ·	Power Type (circle one)	
lectric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other ( <i>describe</i> ):	
	Setting Depth: 60 DP feet Number	
Date Well Tested: 3-21-1	Pump Test Data for Non Flowing Well Duration of Pump Test (minim	um 4 hours): 48 hours
	Below Pand Surface Pumping Water Level (B): _	
	Feet Below Land Surface Test Pumping Rate:	
•		
Aethod of measurement (circle one): Sto	eel tape Electric tape Air line Other (describe):	
	Pump Test Data for Flowing Well	
Aeasured shut in head:feet.		
Vell yielded <u>Ø</u> GPM with a d	rawdown of <u>2</u> feet after <u>72</u>	hours of pumping
	Meter Installation	
Aeter Manufacturer:	Meter Serial Number:	
Aeter Model Number/Name:	Type of Meter:	
	actor (AF x .001, gal x 1000, etc):	
	Meter installed by:	
s This Meter (circle one): New Rep	paired Replacement	
Important: By submitting the above inj For agricultu	formation you are certifying that this meter was instal ral wells, a list of approved meters is on the MDEQ w	lled to manufacturer standards. ebsite.
HEREBY CERTIFY that the above stater	nents are true to the best of my knowledge.	Receiv
Do O Gland	$\lambda (70) (2.7) (1) = 10$	
Print Name of Pump Installer and Licens	$\frac{0.790}{\text{Se No. (if applicable)}} \frac{3-21-16}{\text{Date}} \frac{10}{\text{Signat}}$	ure of Pump InstallerAPR 04