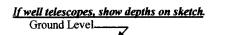
	State W	/ell Report		
4		-	For Office Use Only:	
County: Kerop		Driller's Log	A quifer:	
Permit #: $O - 780$	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
		Box 2309	Well #: <u>M216</u>	
Driller: <u>J-plan</u>		n, <b>MS 39225</b>	L. S. Elevation:	
Date drilling completed: 6-4-12		961- 5210 1 5228 (fax)		
	(601)961- 5228 (fax)		E-log #:	
State Law requires that this repo	ort be prepared by the lic	ense holder responsible for	the work and filed with the	
Department at the above addres	s within 30 days of com	pletion of drilling of the wel	l or borehole.	
Information on Well		Well or B	Borehole Location 38	
(Landowner if borehole is not j	or a water wea)	Latitude: 30 . 45 . 67	38 B" Longitude: 29 , 670"	
Owner Name Huber Ku	luc	18/27/382 Method of Lat/Long (circle of	528/17.4/ 378	
7726 -	a day Tom 11	Method of Lat/Long (circle o	ne): Conventional Survey	
Mailing Address: Jano 10	anne Tounk	LWUSGS quad, Hand-hele	d GP8. Survey-grade GPS	
1 1.1 1	A 201157	Me 1/4 MW 1/4 Sec 28	5 Twn 50' Rng 5W	
Lucedale M				
,	ate Zip Code	Distance Direction <u>4</u> Miles	of Action, di	
Telephone No. (251) 531- 2	.5//			
· · · · · · · · · · · · · · · · · · ·				
	Well / Bord		_	
Date drilling started: $6 - \frac{4}{12}$ Date d	rilling completed: 6 - 4 -	12 Hole depth: 40	Hole diameter: Z	
		/ /		
Location of the source of any surface was Method of dosing and volume of Chlorin	ter used for drilling:	quala, nos	A unal the	
Method of doging and volume of ( bloring	ne used in drilling and deve			
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LV	1P
	LV

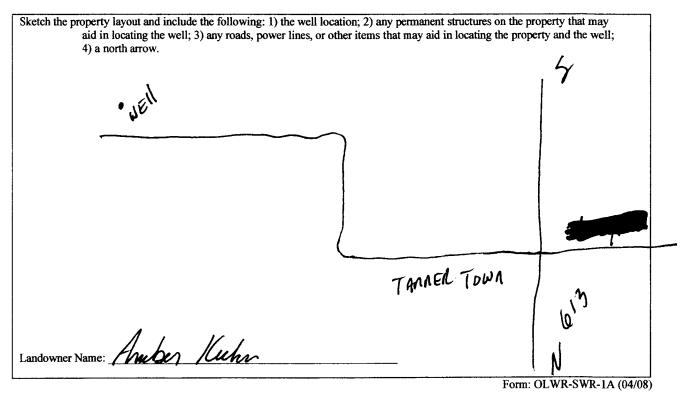
## The sketch below only required for water wells



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	
n n n		
Red Same	0	13
white sand		
uchte and	15	90
	1	

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. 180 6-4-12 llu Date

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Malp

Print Name of Responsible Licensee and License No.

Signature of Licensee

BY: OLVE

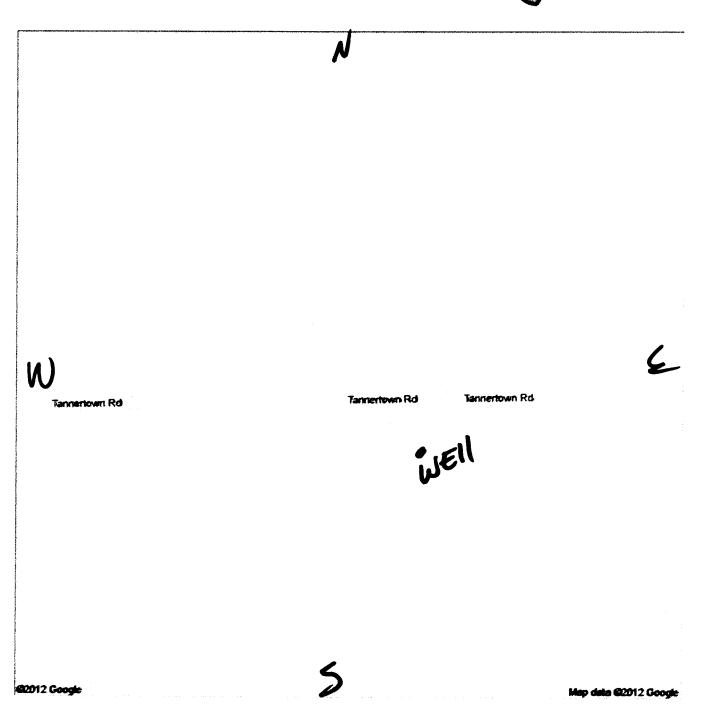
المو	0		ELL REPORT	For O	ffice Use Only:
County: Deoic	<u>k</u>		Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality		
Permit #: 0-18	0				
Driller: J-Pin	d		and Water Resources	Well #: Malb	
Date completed: 6 -			). Box 2309 on, MS 39225		
Copy information from b		(601)961-5210			
		· · ·		m installer 1 cor	w of Dart 1 of the
report must be attache	d and both part	s filed with the Department	l contractor or a licensed pum at the above address within 3	0 days of well con	pletion.
	ell Owner Infor			Vell Location	. 3
Owner Name: Au	Owner Name: Autor Kulun		Latitude: 30 - 45-638 Longitude: 88 - 29 - 678		
Mailing Address:	2305 7	Tame Too KS	Method of Lat/Long (checl	cone): Conventio	nal Survey,
			USGS quad, Hand-h	eld GPS, Surv	vey-grade GPS
La	udah, p	<u>110</u> <u>3945</u> Z Ite Zip Code	<u>NW 1/4 NW 1/4 Se</u>	· 28 T 3	35 R 5W
City         State         Zip Code           Telephone No. (251)         531-2511		Distance Direction	Distance Direction Nearest Town		
Telephone No. (	791-	2011		_ or _ Agai	a, mus
	Ритр Тур	e	1	Power Type	<u> </u>
	Circle one			Circle one	Natural Car
Air Lift	Jet	Submersible		oline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor Har	nd	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Oth	er (specify):	
Other (specify):			Horse Power Rating of Mo	tor:/	
Date Pump Installed:	6-4-1	2	Setting Depth:	Jetlin	feet
Rated Pump Capacity:	10	Gallons Per Minute	Number of Stages:	2	
	Pump Test D		Method of	Measuring Wate	r Level
Date Well Tested:	6-4-12		Air Line) Electric M	Circle one Aeasuring Line	Steel Tape
Static Water Level (A):	3	Feet Below Land Surface		-	-
Pumning Water Level (	B). 40 T	eet Below Land Surface	Other (specify):		
1 0		Feet Below Land Surface	For flowing well, measure	d shut in head.	feet
		Gallons Per Minute	Well yielded		
Duration of Pump Test					hours of pumping
Duration of Pump Test					
This is for (circle o	one): New V	VelD Replacement of E	xisting Pump Repair o	f Existing Pump	
• • • • • • • • • • • • • • • • • • •					
I HEREBY CERTIFY	that the above st	atements are true to the best	of my knowledge.	<u> </u>	REC
$( \Lambda \Lambda T )$	• • •	0-780	$\left( \right)_{\alpha} \left( \right) \left( \right)$	•	

Google

Address Agricola, MS 39452



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BY: OLWR