Other (describe):	2010 00040	State Well Repo		For Office Use Onl
Pennite:	County: Missis			uifer:
Driller: J.BCLAILOJ [LJUD] Jackson, Wass Jackson, Wass 39289-0631 (601)364-6938 (fax) L.S. Elevation: Jackson, Wass J.S. Elevation: Elevation: State Law requires that this report be prepared by the license holder responsible for the work and filed with Department at the above address within 30 days of completion of drilling of the well or borehole. Ist at a state well or borehole. State Law requires that this report be prepared by the license holder responsible for the work and filed with Department at the above address within 30 days of completion of drilling of the well or borehole. Ist at a state well or borehole. Owner Name (JallAtta L. QUL, JallAtta L. QUL	Permit #:	Office of Land and Water Re		· · · ·
Date drilling completed: STUT (601)364-6321 (g) E-tog #:	Driller: Y JECALOR LUDOU			1
(601)354-6938 (fax) E-tog st:	Date drilling completed:	-		
Department, at the above address within 30 days of completion of drilling of the well or borehole. Information on Well Owner (Landowner if borehole is not for a warer well) Owner Name() While Derive of the well or Borehole is not for a warer well) Owner Name() Mailing Address: (Landowner if borehole is not for a warer well) Wall NTAL (Landowner if borehole is not for a warer well) Mailing Address: (Landowner if borehole is not for a warer well) (Landowner if borehole is not for a warer well) (Landowner if borehole is not for a warer well) (Landowner if borehole is not for a warer well) (Landowner if borehole is not for a warer well) (Landowner if borehole is not for a warer well or borehole (Landowner if borehole (Landowner i		(601)354-6938 (fax)	E-I	og #:
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Owner Name IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			°''L	ongitude: °'
Mailing Address: Mailing Address: Mailing Address:	Owner Name LIAINIAE FOR U	Manuy		-
Hard Hard Hard Hard Hard Hard State Zip Code Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard Hard	Mailing Address: 4220 L). G	Unada Method of	_at/Long (circle one):	Conventional Survey,
Image: State Zip Code Telephone No. (38) H(07-90.91) Well / Borchole Data Well / Borchole Data Well / Borchole Data Date drilling completed: 8-7-07 Hole depth: [][0] Hole diameter: H Location of the source of any surface water used for drilling: Day OOL Method of dosing and volume of Choirne used in drilling and development: Location of the source of any surface water used for drilling: Day OOL Logs run (circle all applicable) No log run Bectric Garuma Ray Density Sonic Neutron Other:		USGS	· /	
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Location of the source of any surface water used for drilling: Derived Mainty Uditte Sulf Method of dosing and volume of Chlorine used in drilling and development:		~		-1
Method of dosing and volume of Chlorine used in drilling and development:	Date drilling started: $\underline{\$7-07}$ Date drilling co	mpleted: <u>8-7-07</u> Hole de	pth: <u>IIO</u> Hol	le diameter. 7
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If a flowing well, method of flow regulation: ValveOther (describe)	Purpose of Well (check one): Home Industria	I Public Supply Irrigation		Other:
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Casing length: <u>10</u> feet Casing diameter: <u>1</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>00</u> inches Setting depth: From <u>100</u> feet to <u>110</u> feet Type of completion (circle all applicable: <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Develop Other (describe): <u>5</u> Top of lap pipe or reduction in casing: <u>feet</u> <u>If telescoped or more than one screen, describe on next page</u> Form: OLWI RECE JAN 2	Method of Measurement (circle one) steel tape	electric tape air line	other:	
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Screen slot size:				PVCI
Type of completion (circle all applicable: Gravel packed Underreamed Telescoped Open hole Natural Develop Other (describe):		1	Type of screen:	
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Top of lap pipe or reduction in casing:fcet. If telescoped or more than one screen, describe on next page Form: OLWI RECE JAN 2	Type of completion (circle all applicable): Grave	packed Vinderreamed To	elescoped Open hole	Natural Developm
Form: OLWI RECE JAN 2	Othe	(describe):		
RECE JAN ²	Top of lap pipe or reduction in casing:	feet. If telescoped or n	ore than one screen, a	lescribe on next page
JAN 2				Form: OLWF
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D\/. (JAN 2
				BY: C

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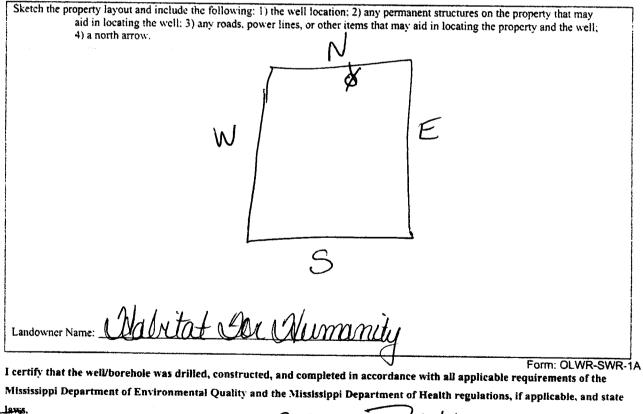
The sketch below only required for water wells

If well telescopes, show denths on sketch. Ground Level

<u>m shelln</u> .			
	Description of Formations Encountered	From (depth)	To (depth)
		Ground Level	
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	b. CLAY		QU
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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



1-07

Print Name of Responsible Licensee and License No.

Date

Signature of Licen RECEIVED

JAN 2 2 2008

BY: OLWR

Due complete: (601)361-5210 Elevation: Core information from block an Ear 1 (601)361-5210 Elevation: 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 th report must be attached and both parts filed with the Department at the above address within 36 days of well completion. Well contractor or a licensed pump installer. A copy of Part 1 of th report must be attached and both parts filed with the Department at the above address within 36 days of well completion. Owner Name Main Title: Out of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of th report must be attached and both parts filed with the Department at the above address within 36 days of well completion. Well Owner Name Main Title: Out of the report must be completed by a licensed water well contractor or a licensed pump installed: Well Owner Name Main Title: Out of the report must be completed by a licensed water well contractor proton in the days address: Well Owner Name Main Title: Out of the report must be completed by a licensed water well contractor proton in the days address: Well Owner Name Of Pump Installer and License No. (if applicable) Feet Below Land Surface Pump Test Data Gallons Per Minute Date Well Tested: Pump Test Data Static Water Level (B): Feet Below Land Surface Date Well Tested: Gallons Pe		STATE WI	ELL REPORT	
report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Name Main International Mathematic States Owner Name Main International Mathematic States Well Owner Information Mailing Address: (DBDD ID). CAUTODOA Mailing Address: (DBDD ID). CAUTODOA Well Owner Name Main International Survey Conventional Survey State Zip Code Part Type Conventional Survey State Zip Code Part Type Conventional Survey Conventional Survey Party Part Type Convento	Permit #: Driller: Y_LCAIDE WELL Date completed: 8-28-07	Pump Installer' Mississippi Departmer Office of Land P.O. Jackson, N (601	s Completion Report to of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210	
report must be attacked and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Name, Mail INTRE, BOLL, CALIMM MUTHY Mailing Address: DADD, L. C.M.MORAH Mailing Address: DADD, L. C.M.MORAH Date State Zip Code City State Zip Code Method of Lat: Long (check one): Conventional Survey-grade.GPS_ Mailing Address: DADD, L. C.M.MORAH Date Man, Edd CPSSurvey-grade.GPS_ Mainee Direction Nearest Town Centrifugal Rotary Pump Type Curcle one Centrifugal Rotary Power Type Curcle one Centrifugal Rotary Powing Well Distance Other (specify): Date Pump Installed: Boacket Prision Taretor PTC Centrifugal Rotary Power Well Gallons Per Minute Date Well Tested: Prison Static Water Level (A): Feet Below Land Surface Date Well Tested: Prime Test Below Land Surface Date Well Tested: Gallons Per Minute Date Well Tested:<	This part of the report must be complete	→ d by a licensed water well	contractor or a licensed pump i	installer. A copy of Part 1 of th
Owner Name Halt TAL OOL OHIMMATHY Latitude:Longitude: Mailing Address: UADD LW. GALMODO Method of Lat Long (check one): Conventional Survey Builing Address: UADD LW. GALMODO Method of Lat Long (check one): Conventional Survey Built State State Zip Code City State Zip Code Telephone No. (ASS_ 4467-94699 V	report must be attached and both parts f	iled with the Department a	nt the above address within 30 a	lays of well completion.
Mailing Address: UDDD UDDD GRUMODA Method of Lat Long (check one): Conventional Survey_grade GPS_ State USGS guadHand-beld GPSSurvey-grade GPS/ '// '/ See TR Distance Direction Nearest Town Z Miles — Of Pump Type Circle one Miles — Of Air Lift Jet Submersible Disect Engine Gasoline Engine Natural Ga Bucket Piston Turbine Eleversic Moort Hand Tractor PTC Centrifugal Rotary Flowing Well Windmill Other (specify):				
USCS quadHand-held GPSSurvey-grade.CPS%% Sec7R Telephone No. (208)HUTQUQQ Pump Type Circle one Air Liff Jet Bucket Piston Centrifugal Rotary Rotary Flowing Well Other (specify):	Q.	\wedge		
Build State Zip Code Telephone No. (208) H&7-9699 Pump Type Of LAFESTOWN Circle one Miles Air Lift Jet Bucket Piston Pump Type Circle one Circle one Distance Air Lift Jet Bucket Piston Centrifugal Rotary Plowing Well Other (specify): Date Pump Installed: B-28-07 Rated Pump Capacity: IO Gallons Per Minute Windmill Other (specify): Gallons Per Minute Pumping Water Level (A): Feet Below Land Surface Drawdown (B) - (A): Foet Below Land Surface Drawdown (B) - (A): Foe	Mailing Address: $UOOD U$.	Sanda	Method of Lat/Long (check of	ne): Conventional Survey,
Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Ga Bucket Piston Turbine Electric Motor Hand Tractor PTC Centrifugal Rotary Flowing Well Windmill Other (specify):	City State	UUQ MS Zip Code 1699	Distance Direction	2_TR_4
Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Ga Bucket Piston Turbine Electric Motor Hand Tractor PTC Centrifugal Rotary Flowing Well Windmill Other (specify):	Pump Type	······	Po	wer Type
Bucket Piston Turbine Electric Moder Hand Tractor PTC Centrifugal Rotary Flowing Well Windmill Other (specify):				
Centrifugal Rotary Flowing Well Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Ga
Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTC
Date Pump Installed: B-28-07 Rated Pump Capacity: IO Gallons Per Minute Setting Depth: Pump Test Data Number of Stages: Date Well Tested: IVIA Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Signature of Pump Installer and License No. (if applicable)	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):
Date Pump Installed: B-28-07 Rated Pump Capacity: IO Gallons Per Minute Setting Depth: Pump Test Data Number of Stages: Date Well Tested: IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Other (specify):		Horse Power Rating of Motor	n
Rated Pump Capacity: O Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Date Well Tested: Method of Measuring Water Level Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Duration of Pump Test (minimum 4 hours): hours hours feet after Method of Measuring Water Level hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Date Pump Installed: 8-28-C	17	3	-
Date Well Tested:	10		1 1	
Static Water Level (A):Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Pumping Water Level (B):Feet Below Land Surface Other (specify): Other (specify): Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Test Pumping Rate:Gallons Per Minute Well yieldedfeet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of			1	9
Pumping Water Level (B):Feet Below Land Surface Other (specify): Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours feet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jumping Knowledge. Yeint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			Air Line Electric Mea	asuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable)			Other (specify):	
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours Well yielded GPM with a drawdown of I HEREBY CERTIFY that the above statements are true to the best of my knowledge. hours of pumping Well yielded				
Duration of Pump Test (minimum 4 hours):hourshourshours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge Where the constant of Pump Installer and License No. (if applicable)Signature of Pump Installer FECEIV	Drawdown [(B) - (A)]:Fee	t Below Land Surface	For flowing well, measured sl	hut in head:feet
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>AOUART HCAWL O-WLO</u> Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer RECEIV	Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with a drawdown of
Print Name of Pump Installer and License No. (if applicable) RECEIV	Duration of Pump Test (minimum 4 hours):hours	feet after	hours of pumpin
	Robert Alcausi	0-660	Kohol A:	
				JAN 2 2 20

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BY: OLWR