County: JACKSON Permit #: Driller COOST WATER WELLSRV. Date drilling completed: 7-29-13 State Law requires that this report be	Pa Drille ississippi Department Office of Land ar P.O. E Jackson, M (601)9 (601)360	LL REPORT rt 1 r's Log of Environmental Quality of Water Resources lox 2309 5 39225-2309 61-5210 -0535 (fax) se holder responsible for t	For Office Use Only: Well #:
State Law requires that this report be <u>Department at the above address with</u> Well Owner Information (Landowner if borehole is not for a v Owner Name: <u>BUDDY</u> <u>HUND</u> Mailing Address: <u>HWY</u> 57	in 30 days of complet water well) Lati	ion of drilling of the well Well or Bore tude: <u>30°43′51.90</u> ′′o hod of Lat/Long (<i>check one</i> is guad, Hand-held O	or borehole. ehole Location ngitude: 088° 42'43.80' e): Conventional Survey, GPS_V_, Survey-grade GPS
Vancleave, MS 39 City State Telephone No. 228) (209-55)	Zip Code /	$\frac{1}{2} \frac{1}{2} \frac{1}$	5 T 45 R 7W of <u>Vancleaue</u> (Nearest Town)
Date drilling started: 7-39-13 Date drilling started: 7-39-13 Date drilling started: 7-39-13 Date drilling is not related by the source of any surface wat Method of dosing and volume of Chlorine Logs run (<i>circle all applicable</i>): No log run Name of organization running log(s): Purpose of borehole (<i>circle one</i>): Water Wa	ter used for drilling: used in drilling and d Electric Gamma R Vel Geotechnical/ Survey Other (desc	N/A evelopment: gal. fur 11	200 drilling-2gal. in Well ron Other: Ground Source Heat Pump
Purpose of Well (circle all applicable): H Other (describe): If a flowing well, method of flow regulat Static Water Level:feet [tion: Valve	Other (describe)	
Method of measurement (<i>circle one</i>): Sta Well depth: <u>307F</u> TWell grouted to a c Casing length: <u>293</u> feet Cas	eel tape Electric tape	Air line Other (describe Type of grout (circle one inches Type o inches Type o inches Type o rom 292 feet	e):
Type of completion (circle all applicable Other (describe): Top of lap pipe or reduction in casing: If telesco	NA_feet	Underreamed Open hol	e Natural Development RECEIVED page 2 2 2013 Form: OLWR-SWR-1A (4/1) BY: OLWB

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County:	Jockson
Permit #	:

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For Office Use Only:	:
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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

If well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground Level	TOPSOIL	Ground level	3
P	- Orange Clay	1 3.	10
	Orange Coatse Sal	T T O	21
	Orange clay	al	32
	Drange Codrse Sand	32	47
	Orange clay	47	95
	Bue Clay	95	287
	Gray Coatse Sand	287	307
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If more than one screen, show location of each on sket	tch		L]
County			
 1) the well location 2) any permanent structures on the property that may 3) any remarks dower lines or other items that may 	aid in locating the property and the well	_	* 7 9
 1) the well location 2) any permanent structures on the property that may 3) any remarks dower lines or other items that may 	may aid in locating the well aid in locating the property and the well River Roman River Roman	Узате	1
 1) the well location 2) any permanent structures on the property that may 3) any remarks dower lines or other items that may 	aid in locating the property and the well	Janre	* 29
1) the well location 2) any permanent structures on the property that m 3) any roads, power lines, or other items that may 4) north arrow $R_{ivarc} D_{ins} D_{A}$	aid in locating the property and the well	Joar- REC	* 29
1) the well location 77 2) any permanent structures on the property that n 3) any roads, power lines, or other items that may 4) north arrow <i>Rivare Dins Dy</i> <i>Bare</i> <i>SI</i>	aid in locating the property and the well	75 - 1 - 8 	EIVED
1) the well location 7 2) any permanent structures on the property that m 3) any roads, power lines, or other items that may 4) north arrow <i>Rivence Dins Di</i> <i>Bare</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i> <i>SI</i>	aid in locating the property and the well	75 - 1 - 8 	EIVED
1) the well location 77 2) any permanent structures on the property that n 3) any roads, power lines, or other items that may 4) north arrow <i>Riverc Dirs P</i> <i>Gare</i> <i>SN</i> <i>Landowner Name: BUCHY GUM</i>	aid in locating the property and the well aived Rombes	8000 BY: (EIVED
1) the well location 77 2) any permanent structures on the property that n 3) any roads, power lines, or other items that may 4) north arrow <i>Rivence Dins Di</i> <i>Rivence Dins Discourd</i>	r aid in locating the property and the well $\frac{2}{1000}$ $\frac{1000}{1000}$ $$	8000 BY: (EIVED

County: J2CKS5N Permit #	STA	TE WELL REPORT
Pump Installer's Completion Report Diffic (Dast-Walter Well SRV) Date completed: Date completed: T-2.9-13 Date completed: P.D. Box 2309 Just Completed: Date completed: To the report must be completed by a Bonesed onser well controcter or a Bonesed pump Installer. A copy of Part 1 Other report must be completed by a Bonesed onser well controcter or a Bonesed pump Installer. A copy of Part 1 Other report must be completed by a Bonesed onser well controcter or a Bonesed pump Installer. A copy of Part 1 Other report must be stanched and well well well controcter or a Bonesed pump Installer. A copy of Part 1 Other report must be stanched and well well well controcter or a Bonesed mell well well constructer or all constant on the completed by a Bonesed mellow well controcter or a Bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well controcter or and bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well controcter or all constant on the completed by a Bonesed mellow well constant on the completed by a Bonesed mellow well constant on the completed by a Bonesed mellow by a Bonesed mellow wellow by a Bonesed mellow by a Bonesed mel		For Office Use Of
Driffer_GU_LAUT_UAUT	rennew.	Installer's Completion Report
Under Complete:	Driller C. MATER WEILDRV. Off	ice of Land and Water Resources
(601)961-5210 (601)961-5210 (601)360-0535 (fax) This part of the report must be completed by a licensed mater well contracte or a licensed pamp installer. A copy of Part I of the report must be attached and both perts filed with the Department at the above address within 30 days of well completion Well Owner Information Wetto of Lat/Long (check one): Conventional Survey USGs quad	Date completed: 7-29-13	
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 perts [lied with the Department at the above address within 30 degraps of well completed completed well over information Well Owner Information Well Owner Information Owner Name: Budday Guan Italia address: Mailing Address: HWY 57 Vance Leave 3 95 45 Vance Leave State Vance Leave 3 95 45 Vance Leave State Vance Leave	Copy information from block on Part 1	(601)961-5210
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 Information Well Owner Information Owner Name: Buildah Gunn Intervention Mailing Address: HWY 57 Mailing Address: HWY 57 Mailing Address: HWY 57 Mailing Address: Gallon 5500 VANCLEAVE State Zip Code State Vance Leave Gallon 5500 Vance Leave State Zip Code Weil Xerset Pump Type (cfrife one) Survey-grade GPS Submersible Turbine Air Lift Centrifugal Flowing Well (etc) Piston Rotary Other (describe): Date Pump Installed: 7-31-13 Rated Pump Capacity: ////////////////////////////////////		
Well Owner Information		
Mailing Address:		· Well Location
Vancleave Marked GPS , survey-grade GPS Vir Ancleave Misse Zip Code Vir Ancleave Misse T + 5 R 7 W City State Zip Code Misse T + 5 R 7 W Vir Ancleave Wir Ander Misses Misses T + 5 R 7 W Pump Type (circle one) Pump Type (circle one) Misses M	Owner Name: Buddy Gunn	Latitude: <u>30°43′51.90″</u> Longitude: <u>088°42′43</u> .
Vancleave Market Name Market Name Market Name Table Name<	Mailing Address:	Method of Lat/Long (check one): Conventional Survey
Vancleave Market Name Market Name Telephone No. (1926) 1069-55666 NE Market Name Telephone No. (1926) 1069-55666 Pump Type (clrcle one) Submersible Turbine Air Lift Centrifugal Rowing Well (Let) Piston Rotary Other (describe): (Nearest Town) Submersible Turbine Air Lift Centrifugal Rowing Well (Let) Piston Rotary Other (describe): (Direction) (Nearest Town) Submersible Turbine Air Lift Centrifugal Rowing Well (Let) Piston Rotary Other (describe): (Direction) (Direction) Date Pump Installed: 7-31-13 Rated Pump Capacity: (Direction) (Direction) Is This Pump (clrcle one): New Repaired Replacement (EX (SHIP)) (Direction) (Direction) (Direction) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): (Direction) (Direction) (Direction) Pump Test Data for No Flowing Well Duration of Pump Test (minimum 4 hours): (Direction) (Direction) Static Water Level (A): Setting Depth: (Directic tape (III): (Directic): (Directic): Date Mell Tested: 7-31-13 Duration of Pumping Rate: (Directic): (Directic): (Directic): Static Water Level (A): Set tape Electric		USGS quad, Hand-held GPS_V_, Survey-grade GPS
Telephone No. 338.1 1269-5566 (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Let) Piston Rotary Other (describe):	Vancleave, M 3 39565	NE 4 NENW Sec 5 THS R7
Telephone No. 0.000 1001-530 (pc) (Obstance) (Direction) (Nearest Town) Pump Type (clrcle one) Submersible Turbine Air Lift Centrifugal Rowing Well (Jet) Piston Rotary Other (describe): Date Pump Installed: 7-31-13 Rated Pump Capacity: /0 Gallons Per Minu Is This Pump (clrcle one): New Repaired Replacement (EX) + 100 Power Type (clrcle one): Power Type (clrcle one): Power Type (clrcle one): Power Rating of Motor: HI Setting Depth: Setting Depth: Setting Depth: Setting Depth: Mater Level (A): Setting Depth: Mater Level (B): Mater Level (A): Setting Depth: Mater Level (B): Mater Level (A): Setted Below Land Surface Pump Test Data for Non Flowing Well Data Well Tested: 7-31-13 Duration of Pump Test (discribe): Mater Level (A): Setel Below Land Surface Test Pumping Rate: /D Gallons Per Minu Meter Matural Gas Tractor PTO Duration of Pumping Rate: /D Gallons Per Minu Mater Level (A): Set Below Land Surface Test Pumping Rate: /D </td <td>City State Zip</td> <td>Miles of The Comment</td>	City State Zip	Miles of The Comment
Submersible Turbine Air Lift Centrifugal Flowing Well (et) Piston Rotary Other (describe):	Telephone No. (158) 10109-5566	(Distance) (Direction) (Nearest Town)
Date Pump Installed: 7-31-13 Rated Pump Capacity: /2 Gallons Per Mining Is This Pump (c/rcle one): New Repaired Replacement (EX) 5+100 Power Type (c/rcle one): Gallons Per Mining Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other Cone): Gallons Per Mining Horse Power Rating of Motor:	F	ump Type (circle one)
Is This Pump (clrcle one): New Repaired Replacement (EX SHIM) Power Type (clrcle one):	Submersible Turbine Air Lift Centrifugal Flow	ing Well (Jet) Piston Rotary Other (describe):
Is This Pump (clrcle one): New Repaired Replacement (EX SHIM) Power Type (clrcle one): Power Type (clrcle one):	Date Pump Installed: 7-31-13	Rated Pump Capacity:/OGallons Per
Power Type (circt one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	-	
Horse Power Rating of Motor: Here: Setting Depth: Get Number of Stages: Q Pump Test Data for Non Flowing Well Date Well Tested: 7-31-13 Duration of Pump Test (minimum 4 hours): 4 hou Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minu Method of measurement (circle one): Steet tape Electric tape Ar time) Other (describe):		
Pump Test Data for Non Flowing Well Date Well Tested: 7-31-13 Duration of Pump Test (minimum 4 hours): 4 hou Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minu Method of measurement (clrcle one): Steel tape Electric tape Air line Other (describe): Gallons Per Minu Method of measurement (clrcle one): Steel tape Electric tape Air line Other (describe): Gallons Per Minu Method of measurement (clrcle one): Steel tape Electric tape Air line Other (describe): Gallons Per Minu Method of measurement (clrcle one): Steel tape Electric tape Air line Other (describe): Gallons Per Minu Metes GPM with a drawdown of	Electric Diesel Gasoline Natural Gas Tractor	TO Windmill Other (describe):
Date Well Tested:31-13	Horse Power Rating of Motor: Her Set	ting Depth: <u>40FT, DP_</u> feet Number of Stages:
Pump Test Data for Flowing Well Measured shut in head:feet.	- ·	
Measured shut in head: feet. //A Well yielded GPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:	Date Well Tested: <u>7-31-13</u> Static Water Level (A): <u>15</u> Feet Below Lan	Duration of Pump Test (<i>minimum 4 hours</i>): d Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Su
Well yieldedGPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:	Date Well Tested: $7-31-13$ Static Water Level (A): 15 Feet Below Lan Drawdown [(B) - (A)]: $N[A$ Feet Below Method of measurement (<i>circle one</i>): Steel tape	Duration of Pump Test (<i>minimum 4 hours</i>): <u>4</u> d Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per M Electric tape Air Line Other (<i>describe</i>):
Meter Installation Meter Manufacturer:	Date Well Tested: $7-31-13$ Static Water Level (A): 15 Feet Below Lan Drawdown [(B) - (A)]: $N A$ Feet Below Method of measurement (<i>circle one</i>): Steel tape Pump	Duration of Pump Test (<i>minimum 4 hours</i>): <u>4</u> d Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per M Electric tape Air Line Other (<i>describe</i>):
Meter Manufacturer:	Date Well Tested: $7-31-13$ Static Water Level (A): 15 Feet Below Lan Drawdown [(B) - (A)]: $N[A$ Feet Below Method of measurement (circle one): Steel tape Pump Measured shut in head:feet.	Duration of Pump Test (<i>minimum 4 hours</i>): <u>4</u> d Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Su Land Surface Test Pumping Rate: <u>10</u> Gallons Per M Electric tape Air Line Other (<i>describe</i>): Test Data for Flowing Well
Meter Model Number/Name:	Date Well Tested: $7-31-13$ Static Water Level (A): 15 Feet Below Lan Drawdown [(B) - (A)]: $N A$ Feet Below Method of measurement (<i>circle one</i>): Steel tape Pump Measured shut in head:feet.	Duration of Pump Test (<i>minimum 4 hours</i>): <u>4</u> d Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Su Land Surface Test Pumping Rate: <u>10</u> Gallons Per M Electric tape Air Line Other (<i>describe</i>): Test Data for Flowing Well
Totalizer Register Unit and Multiplier Factor (AF x 001, gal x 1000 / etc):	Date Well Tested: $7-31-13$ Static Water Level (A): 15 Feet Below Lan Drawdown [(B) - (A)]: $N A$ Feet Below Method of measurement (<i>circle one</i>): Steel tape Pump Measured shut in head:feet.	Duration of Pump Test (minimum 4 hours): d Surface Pumping Water Level (B):N/A Feet Below Land Su Land Surface Test Pumping Rate:/D Gallons Per M Electric tape Air Line Other (describe): Test Data for Flowing Well of feet afterhours of pumping
Installation Date:	Date Well Tested: <u>7-31-13</u> Static Water Level (A): <u>15</u> Feet Below Lan Drawdown [(B) - (A)]: <u>N A</u> Feet Below Method of measurement (<i>clrcle one</i>): Steel tape Pump Measured shut in head: <u>feet.</u> Well yielded <u>GPM with a drawdown of</u>	Duration of Pump Test (minimum 4 hours): d Surface Pumping Water Level (B):/A Feet Below Land Su Land Surface Test Pumping Rate: Gallons Per M Electric tape (Air line) Other (describe): Test Data for Flowing Well feet afterhours of pumping Meter Installation
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. TACK RHALL 0472 7/31/13 Automatication of Pump Installer Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer	Date Well Tested: <u>7-31-13</u> Static Water Level (A): <u>15</u> Feet Below Lan Drawdown [(B) - (A)]: <u>N A</u> Feet Below Method of measurement (<i>circle one</i>): Steel tape Pump Measured shut in head: <u>feet.</u> Well yielded <u>GPM with a drawdown of</u> Meter Manufacturer: <u></u>	Duration of Pump Test (minimum 4 hours):
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. JACK RHAMI 0472 Print Name of Pump Installer and License No. (If applicable)	Date Well Tested: <u>7-31-13</u> Static Water Level (A): <u>15</u> Feet Below Lan Drawdown [(B) - (A)]: <u>N A</u> Feet Below Method of measurement (<i>clrcle one</i>): Steel tape Pump Measured shut in head:feet. Well yieldedGPM with a drawdown of Meter Manufacturer: Meter Model Number/Name:	Duration of Pump Test (minimum 4 hours):
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. JACK RIANI 0-472 Print Name of Pump Installer and License No. (If applicable) 7/31/13	Date Well Tested: <u>7-31-13</u> Static Water Level (A): <u>15</u> Feet Below Lan Drawdown [(B) - (A)]: <u>N A</u> Feet Below Method of measurement (<i>circle one</i>): Steel tape Pump Measured shut in head: <u>feet.</u> Well yielded <u>GPM with a drawdown of</u> Meter Manufacturer: <u>Meter Model Number/Name</u> : <u>Totalizer Register Unit and Multiplier Factor (AF x</u>	Duration of Pump Test (minimum 4 hours):
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. JACK RIADI 0-472 Print Name of Pump Installer and License No. (If applicable) 7/31/13 Signature of Pump Installer	Date Well Tested: <u>7-31-13</u> Static Water Level (A): <u>15</u> Feet Below Lan Drawdown [(B) - (A)]: <u>N A</u> Feet Below Method of measurement (<i>circle one</i>): Steel tape Pump Measured shut in head:feet. Well yieldedfeet. Well yieldedfeet. Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x Installation Date: Meter inst	Duration of Pump Test (minimum 4 hours):
Jack Ridgell 0-472 1/31/13 Jack Ridgell Print Name of Pump Installer and License No. (If applicable) 7/31/13 Jack Ridgell Signature of Pump Installer Signature of Pump Installer	Date Well Tested: 7-31-13 Static Water Level (A): 15 Feet Below Land Drawdown [(B) - (A)]: N [A Feet Below Method of measurement (clrcle one): Steel tape Pump Measured shut in head: feet. Well yielded feet. Well yielded feet. Meter Manufacturer: Meter Model Number/Name:	Duration of Pump Test (minimum 4 hours):
	Date Well Tested:	Duration of Pump Test (minimum 4 hours):
	Date Well Tested:	Duration of Pump Test (minimum 4 hours):

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