Mailing Address: <u>4110</u> Pape Torum (USGS quad Hand-held GPS, Survey-grade GPS	,		
Conty: Part 1 - Driller's Log For Office Use Only: Permit #: 0 - 7 80 Office of Land and Water Resources Aquifer: Date drilling completed: 6 - 15 - 09 Well #: C.135 Date drilling completed: 6 - 15 - 09 User State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. Is Elevation: Information on Well Owner Information on Well Owner Well #: C.135 Mailing Address: 110 May 575672 Well of Borehole Lecation Mailing Address: 110 May 575672 Well / Borehole Data Mailing started: 6-15-09 Date drilling completed: 6-15-09 Nearest Towner Well / Borehole Data Well / Borehole Data Nearest Towner Nearest Towner Well / Borehole One No gram Nearest Towner Nearest Towner Date drilling started: 6-15-09 Date drilling and development: 200 Nearest Towner Method of dosing and volume of Choine used in drilling: Method of LavLong (circle one): Nearest Towner Nearest Towner Method of dosing and volume of Choine used in drilling		State Well Report	······
Permit #: 0 - 7 80 Ditter: W : 3 oc 1 Pierce Date drilling completed: 6-15-09 Mississippi Department of Environmental Quality Office of Land and Water Resources 1 Jackson, MS 39289-0631 (601)354-6338 (fax) Aquifer:	County: Coulton	Part 1 – Driller's Log	For Office Use Only:
Differ: (U_1 J act 1 Pictore Date drilling completed: (D_15-09) Office of Land and Water Resources Well #:	Parmit the Q - 780	Mississippi Department of Environmental Quality	Aquifar
Diller: (D. 1.3 o.c. P.(P. Box 10631 Date drilling completed: (S - 1.5 - 0.9) Jackson, MS 3928-0631 State Law requires that this report be prepared by the license holder responsible for the work and filed with the above address within 30 days of completion of drilling of the work and filed with the Bepartment at the above address within 30 days of completion of drilling of the work and filed with the Bepartment at the above address within 30 days of completion of drilling of the work and filed with the Bepartment at the above address within 30 days of completion of drilling of the work and filed with the Bepartment at the above address within 30 days of completion of drilling of the work and filed with the Bepartment at the above address within 30 days of completion of drilling of the work of and filed with the Bepartment at the above address within 30 days of completion of drilling of the work of and filed with the Bepartment at the above address within 30 days of completion of drilling of the work and filed with the Bepartment at the above address within 30 days of completion of drilling of the work of and filed with the Bepartment at the above address within 30 days of completion of drilling of the work of and filed with the Bepartment at the above address within 30 days of completion of drilling of the work of and filed with the Bepartment at the above address within 30 days of completion of drilling of the work of and filed with the Bepartment at the above address within 30 days of completion of drilling the days of completion address of the befart and filed with the Bepartment at the above address of the befart and filed with the Bepartment address of the befart and filed with the Bepartment address of the box of the Bepartment address of the befart address of the befart address of the box of the Bepartment address of the Bepartment address of the Bepartment address of the box o		Office of Land and Water Resources	
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(601334-6938 (fax) E-log #:	Date drilling completed: 6-15-09		L. S. Elevation
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Form: OLWR-SWR-1A

RECEIVED JUL 0 2 2009 BY: OLWR

JUL 0 2 2009

Signature of Licensee BY: OLWR

Description of formations encountered must be provided for all The sketch below only required for water wells 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-Ground Level 15 ٥ 35 えろ 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) a north arrow.

wE(1 Gast Pofe Tru Court Tillian Landowner Name: Form: OLWR-SWR-1A (04/08) 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, i PEGETVE

Print Name of Responsible Licensee and License No.

laws.

D

Date

6-15-09

STATE WELL REPORT		
Permit #: $0 - 780$ Pump InstallerPriller: $U.$ $5ce Pierce$ Mississippi DepartmeDriller: $U.$ $5ce Pierce$ P.O.Date completed: $6 - 15 - 09$ Jackson, I	For Office Use Only: 's Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210	
Copy information from block on Part 1 (601)35	54-6938 (fax)	
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 parts filed with the Department of Well Owner Information	at the above address within 30 days of well completion. Well Location	
Owner Name: Deorge Jullian,	Latitude: 30-47-620 Longitude: 80-32-832	
Mailing Address: 4110 offe Tow A	Method of Lat/Long (check one): Conventional Survey50	
Utry , <u>Ms</u> <u>39562</u> City <u>State</u> Zip Code Telephone No. (<u>228</u>) <u>218 - 6130</u>	USGS quad, Hand-held GPSSurvey-grade GPS <u>MW</u> 1/4 <u>MW</u> 1/4 Sec_ <u>17</u> T_ <u>45</u> R_ <u>66</u> Distance Direction Nearest Town <u></u> Miles <u>Month</u> of <u>Cast</u> <u>Uncle</u> , <u>W</u>	
The second		
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 6-15-09	Setting Depth: / D / t line feet	
Rated Pump Capacity:	Number of Stages: 2	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested: <u>6 - 15 - 09</u>	Circle one	
	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface		
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 Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Signature of Pump Installer	
	Form: OLWR-SWR-1B	
	RECEIVED	
	JUL 0 2 2009	

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BY: OLWR