1 1	state w	en Keport				
County: Jackyo 1	Part 1 – I	Oriller's Log	For Office Use Only:			
Permit #: 10 - 780	Mississippi Department of Environmental Quality		Aquifer:			
Driller: J-Pieul	Office of Land and Water Resources P.O. Box 2309		well #: D384			
		n, MS 39225 961- 5210	L. S. Elevation:			
Date drilling completed: 2-12-15		1- 5228 (fax)				
State Law requires that this repor	t he prepared by the lic	ansa haldar rasnansihla far t	E-log #:			
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.						
Information on Well C	wner		rehole Location			
,	(Landowner if borehole is not for a water well)  Owner Name		" Longitude: <u>88° 28, 4/</u> "			
$\mathcal{L} = \mathcal{L}$	Mailing Address: /// Hutton Rd		e): Conventional Survey,			
		USGS quad, Hand-held	GPS, Survey-grade GPS			
Huley in 3956Z City State Zip Code		5ω 1/4 May 1/4 Sec 22 Twn 45 Rng 5ω				
City Stat	te Zip Code Distance Direction		Negrest Town			
Telephone No. (228) 990 -	2311	Distance Direction Negrest Town				
	Weil / Bore					
Date drilling started: 2-12-15 Date dri	lling completed: $\frac{2-12}{2}$	-15 Hole depth: 85	Hole diameter: 2			
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:  2000 Water Grat Blesh						
Logs run (circle all applicable): No log run Name of organization running log(s):			,			
Purpose of borehole (check one): Water W	ell/Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump			
Seismic Survey Other (describe)						
Purpose of Well (check one): HomeIn						
If a flowing well, method of flow regulation	n: ValveO	ther (describe)				
Static Water Level:feet ab	ove or below (circle one) l	and surface Date measured:_	2-12-15			
Method of Measurement (circle one) st	eel tape electric tape	air line other:				
Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 60 feet Casing diameter: 2 inches Type of casing:						
Screen length: 10 feet Screen						
Screen slot size: 10 inches	Screen slot size: 10 inches Setting depth: From 6 feet to 70 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
	Other (describe):					
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scree	en, describe on next page			

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Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of London of Devironmental Quality Office of London of Devironmental Quality Office of London of Devironmental Quality Office of London of Environmental Quality Office of London of Devironmental Quality Office Condon of Devironmental Quality Office of London of Devironmental Quality Office Condon of Deviron			ELI DEDODE		
Permit #:	a la Vena	STATE WELL REPORT		For Office Use Only:	
Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, Ms 39225 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5210 (601)961-5220 (fax) Msaissippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, Ms 39225 (601)961-5210 (601)961-52210 (601)961	• •				
Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (6019961-5220 (6019961-5228 (far)) Jackson, MS 39225 (6019961-5220 (601996)-5228 (far)) Jackson, MS 39225 (6019961-5220 (far)) Jackson, MS 39225 (6019961-5210 (far)) Jackson, MS 39225 (far) Jackson, MS 39225 (far		rump installer Mississinni Denartme	's Completion Report nt of Environmental Quality	Aquiter:	
Date completed: 2-12-15    P.O. Box 2309-   Jackson, MS 39225   (601)961-5210   Elevations:   Elevations:   Got information from bleck on Part 1 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 adversed under be attached and both parts filed with the Department at the above address within 3 days of well competition.   Well Downer Information   Latitude: 20-11-6   Longitude: 28-28-91   Method of Lat/Long (check one): Conventional Survey_ USGS quad_ Hand-held GPS   Survey-grade GPS   Sulfice	Driller: $\lambda - \rho_{10}$	Office of Land	and Water Resources	N 384	
Copy Information from block on Part 1  (601)961-5216 (nc)  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 at the above address within 30 days of well completion.  Well Owner Information  Well Owner Information  Well Completion  Well Constitute: 70 - 41 - 6 Longitude: 39 - 29 - 41  Method of LavLong (check one): Conventional Survey				Well #:   )   0   1	
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 etitached and both parts filed with the Department at the above address within 30 days of well completion.  Well Owner Information  Latitude: 70 41 6 Longitude: 89 78 91 1 Method of Let/Long (check one): Conventional Survey USGS quad Hand-held GPS Survey.grade GPS  Latitude: 70 41 6 Longitude: 89 78 1 Method of Let/Long (check one): Conventional Survey USGS quad Hand-held GPS Survey.grade GPS  Will Will Will Will Will Will Will Wil	Date completed: 3-16-(5)			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 the report must be attached and both parts filled with the Department at the above address within 30 days of well completion.  Well Owner Information  Owner Name:  Amailing Address:  (I Hundard R. Littuderd R. Latitude: 30 H-b Longitude: 39 - 28 4/  Mailing Address:  (I Hundard R. Latitude: 30 H-b Longitude: 39 - 28 4/  Method of Lat/Long (check one): Conventional Survey.  USGS quad. Hand-held GPS L. Survey-grade GPS.  Latitude: 30 H-b Longitude: 39 - 28 4/  Method of Lat/Long (check one): Conventional Survey.  USGS quad. Hand-held GPS L. Survey-grade GPS.  Will W. Sec. 30 T V3 R S W. Old W. Old W. Sec. 30 T V3 R S W. Old W. Old W. Sec. 30 T V3 R S W. Old W. Old W. Sec. 30 T V3 R S W. Old	Copy information from block on Part 1				
Comparison   Com		` ,	• •		l
Well Owner Information Owner Name: Service Ser	This part of the report must be completed report must be attached and both parts file	by a licensed water well ed with the Denartment i	contractor or a licensed pump in	nstaller. A copy of Part 1 of the	
Mailing Address:	Well Owner Informat	ion			7
USGS quad	11-1	¬ ;	Latitude: <u>30 -41 - 6</u>	Longitude: <u>88 - 38 - 4</u> /	
Telephone No. 213	Mailing Address: 1(1 Hutor Rd		Method of Lat/Long (check one): Conventional Survey,		
Telephone No. 213	<i>t</i> ( /)	2001 -			
Telephone No. 23 TG 0 - 35 [	City State	3456Z Zip Code	DW 1/1 / Sec &	12 T45 RSW	
Pump Type Circle one Submersible Bucket Piston Turbine Bucket Bushall Gasabine Engine Natural Gas Turbice one Setting Pum Piston Feet Method of Measuring Vater Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Water Level Circle one Setting Depth: Whethod of Measuring Vater Sett	Telephone No. 013 990-	2311	Distance Direction  Miles $\Omega \in \Omega$ of	Nearest Town	
Air Lift    Submersible   Diesel Engine   Gasoline Engine   Natural Gas				<del></del>	j
Air Lift    Submersible   Diesel Engine   Gasoline Engine   Natural Gas	Pump Type		Pov	ver Type	1
Bucket Piston Turbine  Centrifugal Rotary Flowing Well  Other (specify):  Date Pump Installed: 2-12-15  Rated Pump Capacity: Gallons Per Minute  Date Well Tested: 2-12-15  Static Water Level (A): 3 Feet Below Land Surface  Pumping Water Level (B): 40 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Test Pumping Rate: (0 Gallons Per Minute  Duration of Pump Test (minimum 4 hours): 42 hours  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  RECEIVE  THEREBY CERTIFY that the above statements are true to the best of my knowledge.  Signature of Pump Installer			Ci	ircle one	
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift et	Submersible	Diesel Engine Gasoline	e Engine Natural Gas	
Other (specify):	Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Date Pump Installed: 2-17-15  Rated Pump Capacity: 10 Gallons Per Minute    Number of Stages: 2	Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):	
Rated Pump Capacity: 10 Gallons Per Minute Number of Stages: 2  Pump Test Data Circle one Static Water Level (A): 3 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface Drawdown [(B) - (A)]: 2 Feet Below Land Surface For flowing well, measured shut in head: feet Well yielded 10 GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 42 hours  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump RECEIVE  TEST Pumping Rate: 10 Gallons Per Minute Well yielded 10 GPM with a drawdown of 2 feet after 48 hours of pumping  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump RECEIVE  THEREBY CERTIFY that the above statements are true to the best of my knowledge.  Signature of Pump Installer	Other (specify):		Horse Power Rating of Motor:		
Date Well Tested: 2-12-15  Static Water Level (A): 3 Feet Below Land Surface  Pumping Water Level (B): 40 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Test Pumping Rate: 6 Gallons Per Minute  Duration of Pump Test (minimum 4 hours): 4 hours  This is for (circle one): New Well Replacement of Existing Pump Repair of Pump Installer	Date Pump Installed: 2-17-15		Setting Depth: 40 fet Line feet		
Date Well Tested: 2-12-15  Static Water Level (A): 3 Feet Below Land Surface  Pumping Water Level (B): 40 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Test Pumping Rate: 6 Gallons Per Minute  Duration of Pump Test (minimum 4 hours): 4 hours  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  Repair of Pump Installer	Rated Pump Capacity:	Gallons Per Minute	Number of Stages: 2		
Date Well Tested: 2-12-15  Static Water Level (A): 3 Feet Below Land Surface  Pumping Water Level (B): 40 Feet Below Land Surface  Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Test Pumping Rate: 6 Gallons Per Minute  Duration of Pump Test (minimum 4 hours): 4 hours  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  Repair of Pump Installer					- 1
Static Water Level (A):	Pump Test Data				
Pumping Water Level (B):			1		
Pumping Water Level (B):	Static Water Level (A):Feet	Below Land Surface			1
Drawdown [(B) - (A)]: 2 Feet Below Land Surface  Test Pumping Rate: Gallons Per Minute  Duration of Pump Test (minimum 4 hours): 4 hours  This is for (circle one): New Well Replacement of Existing Pump  Repair of Existing Pump  Signature of Pump Installer		Palaw Land Surface	Other (specify):		
Test Pumping Rate: (O	_			of the first	
Duration of Pump Test (minimum 4 hours): 48 hours 2 feet after 48 hours of pumping  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump RECEIVE  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  Double 10 - 780  Richard Repair of Pump Installer  Signature of Pump Installer					
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump RECEIVE  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  Double 1 O - 780  Richard Repair of Pump Installer  Signature of Pump Installer		-	1		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.    Dell'	Duration of Pump Test (minimum 4 hours):	48 hours	feet after	48 hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.    Dell'				CEER BASES . U. Service	J
1 HEREBY CERTIFY that the above statements are true to the best of my knowledge.    Doct   Clark   O - 780   Signature of Pump Installer	This is for (circle one): New Well	Replacement of Ex	isting Pump Repair of Ex	kisting Pump RECE	IVE
Doel Curl 0-780  Die New of Pump Installer  Signature of Pump Installer				FEB 2 3	<b>-</b> 201
Distance of Pump Installer and License No. (if applicable) Signature of Pump Installer	$\sim 0.0$	nents are true to the best $0 - 780$	Joll		ļv
		No. (if applicable)	Signature of Pump In	staller Form: OLWR-SWR-1C (07-09)	ل

In espect below only required for water wells  If well telescopes, show depths on sketch.	<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>				
Ground Level	Description of Formation 7				
	- conference of Formations Encountered	From (depth) Ground Level	To (depth)		
	S . 1				
	Jane	0	70		
		<del>                                     </del>			
1					
-		L_			
If more than one screen, show location of each on ske	tch				
Sketch the property layout and include the following: 1) th aid in locating the well; 3) any roads, power 4) a north arrow.	e well location; 2) any permanent structures on the plines, or other items that may aid in locating the properties.	property that may perty and the well;	Noell		
	RECEIVED				
	FEB 2 3 2015				
	BY: OLWP	}	_ ,		
	DI.	{	Hostan Act		
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	pagnousy the				
	Caerausy Re				
1 . 0 0		$\gamma$			
Landowner Name: ) Will Nowowo	10	9			
-0	Form	: OLWR-SWR-1A	(04/08)		
certify that the well/borehole was drilled, constructed,	and completed in accordance with all applicable	requirements of t	he		
certify that the well borehole was dimed, constructed, lississippi Department of Environmental Quality and (	the Mississippi Department of Health regulations	, if applicable, an	d state		
<b>/</b> 1	. /\ \	), ` ^			
10el (une 0-780_	2-12.15 Joel +	leur	<del></del>		

Date

Signature of Licensee

The sketch below only required for water wells

Print Name of Responsible Licensee and License No.