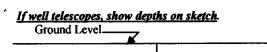
County: $\underline{Jackson}$ Permit #: $\underline{0 - 780}$ Driller: $\underline{J - 760}$ Date drilling completed: $\underline{7 - 16 - 15}$	State Well Part 1 – Drill Mississippi Department of E Office of Land and W P.O. Box 2 Jackson, MS (601)961-52	er's Log Environmental Quality ater Resources 2309 39225 5210 28 (fax)	For Office Use Only: Aquifer:
State Law requires that this report Department at the above address	rt be prepared by the license . within 30 days of completio	holder responsible for a n of drilling of the well	the work and filed with the or borehole.
Department is the above datases Information on Well ((Landowner if borehole is not for Owner Name Mailing Address:	Owner 30 or a water well) Lati Variation Methodskip	39 8.87 Well or Bo tude: 30 • 49 - 19	Prehole Location 78 28 38 2 Longitude: 80° 76 74 ne): Conventional Survey,
Hurly WS City 0 Sta Telephone No. (223) 990 - 5	39562	1/ JE 1/4 Sec 30	GPS, Survey-grade GPS <u>F</u> Twn <u>45</u> Rng <u>5</u> Nearest Town of <u>HURIE</u> , MC
	Well / Borehole	Data	
Location of the source of any surface wate Method of dosing and volume of Chlorin Logs run (circle all applicable). No log ru Name of organization running log(s): Purpose of borehole (check one): Water W Seismic If drilling is not related	Electric Gamma Ray Der	nsity Sonic Neutron	Other:
Purpose of Well (check one): Home1	ndustrial Public Supply I	rrigation Fish Culture	Other:
If a flowing well, method of flow regulation			7-14-15
Static Water Level:feet al	<u> </u>		[-]0-15
Method of Measurement (circle one) st Well depth: <u>55</u> Well grouted to a de Casing length: <u>50</u> feet Casin	epth of <u>/O</u> feet Type of gr		A
Screen length: <u>5</u> feet Scre	een diameter: Zinc	hes Type of screen:	
Screen slot size: inches Type of completion (circle all applicable):	Gravel packed Underreame		
Top of lap pipe or reduction in casing:	feet. If telescop	ed or more than one scre	en, describe on next page

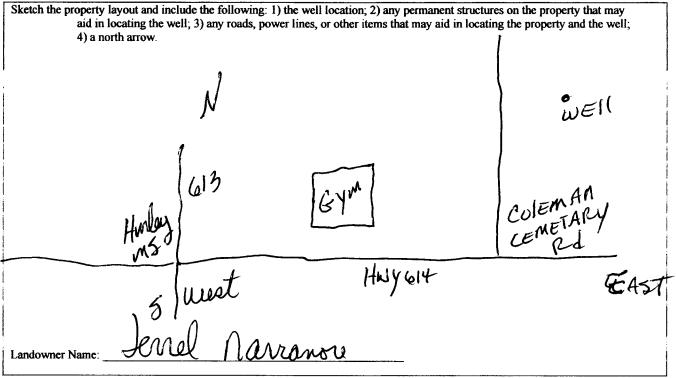
The sketch below only required for water wells



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	
Red Sand	10 0	10
146	/	-
white Jam	K 10	32
		_
	· · · · · · · · · · · · · · · · · · ·	<u>+</u>
		-
······································		
······································		+
······································	<u> </u>	1
	*****	1
		1

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



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, if applicable, and state,

laws. 7-10-13 (0 **1** Ø

ION

Print Name of Responsible Licensee and License No.

Signature of Licensee

pal Sales 1 8 13 6 W.

STATE WELL REPORT Parts #	, 	STATE 13 /1	TI DEDADT	ş			
Permit #: 0	Country Jack march		·	For Office Use Only:			
Permit #:				Aquifer:			
Date complete: $2 - 10 - 13$ Jackson, MS 39225 Blevation: Core information from black on Part 1 10 Kor 39025 (601)561-5210 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 the report must be dateched and both parts filed with the Department at the above address with 7 days of well compileton. So 47 11%, Well Decailon \$8 2.8 2.6 94 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 dateched and both parts filed with the Department at the above address with 7 days of well compileton. So 47 11%, Well Decailon \$8 2.8 2.6 94 Talitude: 20.4 11%, Well Decailon \$8 2.8 2.6 94 Latitude: 20.4 14 (4000000000000000000000000000000000	Permit #: $0 - \beta 80$	Mississippi Department of Environmental Quality					
Date completed:	Driller: J. Piend	1		Well #: 1) .71			
Core information to completed by a licensed water well contractor or a licensed pump installer. A copy of 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 analyzed address within 19 days of well completion. Well Owner Information Well Owner Information Owner Name:	Date completed:	Jackson	1, MS 39225	Elevation:			
report must be attacked and both parts filed with the Department at the above address within 30 days of set completion. Well Owner Name: JONANDU Mailing Address: JII COLEANDA CENTRANU Mailes: JIII COLEANDA CENTRANU Mair Lift Tatter State <t< td=""><td>-</td><td></td><td></td><td></td></t<>	-						
report must be attacked and both parts filed with the Department at the above address within 30 days of set completion. Well Owner Name: JONANDU Mailing Address: JII COLEANDA CENTRANU Mailes: JIII COLEANDA CENTRANU Mair Lift Tatter State <t< td=""><td colspan="7"></td></t<>							
Owner Name: JANGL NAMADI Mailing Address: J11 Coleased Carlag (%) Mailing Address: J11 Coleased Carlag (%) Hull, M334%67 City State Zip Code Hand-held GPS is Survey-grade GPS Hull, M34%67 City State Zip Code Wides Hethod of Lat/Long (check one): Conventional Survey_, USGS quadHand-held GPS is Survey-grade GPS Mailing Address: Q10 - 5411 Air Lift Telephone No. Zip Code Power Type Citele one Citele one Bucket Piston Pump Type Gallons Per Minute Date Well Tested: 2-10 - 15 Rated Pump Capacity: Z Gallons Per Minute Number of Stages: Date Well Tested: 25 Feet Below Land Surface Pumping Water Level (A): 3 Feet Below Land Surface Pumping Rate: 7 Gallons Per Minute Stele Tape Duration of Pump Test (minimum 4 hours): 48 hours This is for (circle one): New Walt Replacement of Existin	report must be attached and both parts file	ed with the Department a	t the above address within 30 da	tys of well completion.			
Mailing Address: 211 Colleased Centra (2) Mailing Address: 211 Suborestate Mailing Address: 211 Mailing Address: Conventional Survey-grade CPS City State Zip Code Miles Distance Distance Miles Distance Direction (1) Miles (2) Miles (2) Miles (2) Air Lift Et Submersible Distance Distance Direction (2) Miles							
USGS quad	J		Latitude: <u>30 - 49 - 19</u>	Longitude: 00-76-34			
City Y State Zip Code Telephone No. (228) $910 - 5411$ Distance Direction Neagest Town Miles Carlo of Miles Miles Miles Miles Neagest Town Air Lift et Submersible Disection Circle one Circle one Disect Engine Natural Gas Bucket Piston Turbine Thectric Mate Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	Mailing Address: 211 Colenia	a ceretay Rd	-				
City Y State Zip Code Telephone No. (228) $910 - 5411$ Distance Direction Neagest Town Miles Carlo of Miles Miles Miles Miles Neagest Town Air Lift et Submersible Disection Circle one Circle one Disect Engine Natural Gas Bucket Piston Turbine Thectric Mate Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			USGS quad Hand-held	GPS, Survey-grade GPS			
Telephone No. (226) $990 - 5911$ Distance Direction Miles Canad. of Miles Nearget Town Air Lift Fet Submersible Distance Circle one Circle one Circle one Circle one Natural Gas Bucket Piston Turbine Effective Mater Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			Jo 1/4 JE 1/4 Sec	34 <u>T 45 R 50</u>			
Telephone No. ($\mathcal{L}'\mathcal{L}'$ $\mathcal{T}'\mathcal{T}\mathcal{O} - \mathcal{D}'\mathcal{T}\mathcal{I}$ \mathcal{L}'' Miles $\mathcal{L}''\mathcal{A}\mathcal{L}''$ of $\mathcal{A}\mathcal{L}''\mathcal{A}\mathcal{L}''$, \mathcal{A}''' Pump Type Circle one Air Lift Circle one Descentifugal Rotary Flowing Well Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Windmill Other (specify):	10 MA.		Distance Direction	/Nearest Town			
Air Lift Circle one Air Lift Ief Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Telephone No. (245 990 -	24/1	Miles <u>Gast</u> of	fully, m			
Air Lift Circle one Air Lift Ief Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):				······			
Air Lift ret Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):							
Centrifugal Rotary Flowing Well Windmill Other (specify):		Submersible	-				
Other (specify):	Bucket Piston	Turbine	Blectric Motor Hand	Tractor PTO			
Date Pump Installed: 7-10-15 Setting Depth: 25 Jet fund feet Rated Pump Capacity: 7 Gallons Per Minute Number of Stages: 2 Date Well Tested: 7-10-15 Method of Measuring Water Level Circle one Static Water Level (A): 3 Feet Below Land Surface Method of Measuring Line Steel Tape Drawdown [(B)-(A)]: 25 Feet Below Land Surface Other (specify):	Centrifugal Rotary	Flowing Well	Windmill Other (specify):			
Date Pump Installed: 7-10-15 Setting Depth: 25 Jet fund feet Rated Pump Capacity: 7 Gallons Per Minute Number of Stages: 2 Date Well Tested: 7-10-15 Method of Measuring Water Level Circle one Static Water Level (A): 3 Feet Below Land Surface Method of Measuring Line Steel Tape Drawdown [(B)-(A)]: 25 Feet Below Land Surface Other (specify):	Other (specify):		Horse Power Rating of Motor:				
Pump Test Data_ Method of Measuring Water Level Date Well Tested:		5	1				
Date Well Tested: 7-10-15 Static Water Level (A): 3Feet Below Land Surface Pumping Water Level (B): 25Feet Below Land Surface Drawdown [(B)-(A)]: 2Feet Below Land Surface Test Pumping Rate: 7Gallons Per Minute Duration of Pump Test (minimum 4 hours): 46hours This is for (circle one): New Well Replacement of Existing Pump Replacement of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Journal O-780 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Rated Pump Capacity:	Gallons Per Minute	Number of Stages:				
Date Well Tested: 7-10-15 Static Water Level (A): 3Feet Below Land Surface Pumping Water Level (B): 25Feet Below Land Surface Drawdown [(B)-(A)]: 2Feet Below Land Surface Test Pumping Rate: 7Gallons Per Minute Duration of Pump Test (minimum 4 hours): 46hours This is for (circle one): New Well Replacement of Existing Pump Replacement of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Journal O-780 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			I				
Static Water Level (A):	Date Well Tested: 7-10-15						
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 yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): Here after Here after hours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump Repair of Existing Pump I HEREBY CERTIFY) that the above statements are true to the best of my knowledge.	_						
Pumping Water Level (B): 25 Feet Below Land Surface Drawdown [(B) – (A)]: 7 Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 48 hours This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Junu Junu Junu Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Signature of Pump Installer	_	Below Land Surface	Other (specify):				
Test Pumping Rate: 7 Gallons Per Minute Well yielded 7 GPM with a drawdown of 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 I HEREBY CERTIFY) that the above statements are true to the best of my knowledge. Image: Content of Pump Installer and License No. (if applicable) Signature of Pump Installer		Below Land Surface	· · · · · · · · · · · · · · · · · · ·				
Duration of Pump Test (minimum 4 hours): YB hours Z feet afterA hours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Image: Comparison of Pump Installer and License No. (if applicable) Del Comparison of Pump Installer	Drawdown [(B) - (A)]:Feet]	Below Land Surface	For flowing well, measured sh	ut in head:feet			
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Image: Complexity of Pump Installer and License No. (if applicable) Image: Complexity of Pump Installer	Test Pumping Rate:7	Gallons Per Minute	Well yielded 7	_GPM with a drawdown of			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Source Superior Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Duration of Pump Test (minimum 4 hours):	<u>48</u> hours	feet after	43 hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Source Superior Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	المسيدين. الاستراكات			
Soul Control Control Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump						
Joel Visual 0-780 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	·····						
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.						
	Francisco rump instaner and License N		Signature of Pump Ins				