	CON A TOP EN INC.				
County: Jackson	STATE WELL REPORT	D. O.M. V.			
Permit #: 0661	Part 1 Driller's Log	For Office Use Only:			
Driller: Barmond Herons	Mississippi Department of Environmental Quality	Well #: M 605			
The read the read	Office of Land and Water Resources P.O. Box 2309	Aquifer:			
Date drilling completed: 5-5-14	Jackson, MS 39225-2309	E-Log #:			
	(601)961-5210 (601)360-0535 (fax)	Constitution of the Consti			
State Law requires that this report be Department at the above address with	e prepared by the lice nse h older responsible for t hin 30 days of completion of drilling of the well t	he work and filed with the			
Well Owner Information (Landowner if borehole is not for a	10000 T Wall on Dann	chole Location 88 28 46			
Owner Name: Johny Peter	Latitude: A 30.5732 Lon	Latitude: N. 30.5732 Longitude: W. 88. 49997			
Mailing Address: 13805 Oak	3 13 1020 2): Conventional Survey			
	USGS quad, Hand-held GI	S, Survey-grade GPS			
moss point ms City State	39562 NW 1 5W 14, Sec_	10 T 65 R 5W			
1	l Miles Al	moss Point			
Telephone No. (228) 218 -668	83 (Distance) (Direction)	(Nearest Town)			
	Well / Borehole Data				
Date drilling started: 5-19 Date dri	illing completed: 5-5-14 Hole depth: 75	Hole diameter: 4 1			
	er used for drilling:				
Method of dosing and volume of Chlorine	used in drilling and development:				
Logs run (circle all applicable): No log run	Electric Gamma Ray Density Sonic Neutron	Other:			
Name of organization running log(s):					
Purpose of borehole (circle one): Water We	Geotechnical/Geological investigation G	round Source Heat Pump			
Seismic S	urvey Other (describe)				
If drilling is not related	l to water well construction, skip the remainder o	of this block			
Purpose of Well (circle all applicable); Hon	ne Industrial Public Supply Irrigation Fi	sh Culture			
Other (describe):					
	on: Valve Other (describe)	_			
Static Water Level:feet [at	oove or below] land surface Date measured: (circle one)	5-5			
- 1	I tape Electric tape Air line Other (describe):				
Well depth: 75 Well grouted to a dep	oth of: 25 feet Type of grout (circle one): 1	Neat Cement Bentonite Mix			
4	g diameter: 2 Inches Type of ca				
	en diameter: 2 inches Type of so	creen: PVC			
Screen slot size: 008 inches	Setting depth: From 6 - feet to	-75 RECEIVE			
Type of completion (circle all applicable):	Gravel packed Underreamed Open hole	Natural Development JUN 0 2 2014			
Other (describe):		OUT OF THE			

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If telescoped or more than one screen, describe on next page

__feet

Top of lap pipe or reduction in casing:

County: Jackson Permit #:				Office Us	
The sketch below only required for water wells If well telescopes, show depths on sketch.	THE PARTY OF THE P	wittens specific	uly exemple	ist be provid d by regular	led for all wells
Ground Level	Description of Fo	rmations Encoun	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	rom (depth)	To (depth)
	Sandy	6/11	- 10	round level	
	Clan	1797		5-1	
	sand			40'	20'
		Translation and the second of the second			
Control to the control of the contro		and the second second second second			
and the second s		And the same of th			
		The state of the s			
				-	
If more than one screen, show location of each on sketch		-		131	
Sketch the property layout and include the following: 1) the well location	And the second s			- The same of the same of	
2) any permanent structures on the property that may aid in 3) any roads, power lines, or other items that may aid in ice.	locating the well		Resn-	1	1
3) any roads, power lines, or other items that may aid in loc 4) north arrow	ating the property a	nd the well	J	7	/
		/	tousE_		\sim
				MX	N Well
3/			1	Link	Well
HWY Bis Ba				7	
14/	1 Rd		1	'\	
Why Ria Bo	cho,		.	· Oak	4cm
HWY Bis Be		7	K		Heren Des
		1			- 1
3		1=		n. K	Have
Nu+ Bank		ma	ida Hu		tuenpy
is Just Bo			ag Hu	da	1
Nut Bank	Rd	**		10	
		NUTR		. RE	CEIVED
andowner Name: Johnny Peterson		Nu+ Ba	NKR.	S C Second	the last the state of the state
HEREBY CERTIFY that the well/borehole was drilled, const aquirements of the Mississippi Department of Environments	flicted and comp	ATT OFFICE PART AND DESCRIPTION OF THE PARTY OF	did not the Cappe and it is not the Cappe of	JU	N 02 2014
equirements of the Mississippi Department of Environments applicable, and state laws.	at Quality and the	Mississippi Dep	ance with a artment of	ll applicable Health regu	lations
				BY	: ()) WR
rint Name of Responsible Licensee and License No.	- I-14 7	Cumul	Alm	hes	
responsible Licensee and License No.	Date	Signal	ure of Lice	rsee	
			Form:	OLWR-SWR-	1A (4/13)

STATE WELL REPORT

Part 2

County: _ Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309 Permit #: Date completed: 8 May 2014

For Office Use Only:	
Well #: 1005	
Aquifer:	

	01)961-5210				
(601)	360-0535 (fax)				
	well contractor or a licensed pump installer. A copy of Part 1				
	epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: John & Peterson	Latitude: <u>N 30-53 732 ongitude: W 088 . 47791</u>				
Mailing Address: 13805 Och Hara D	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	5W 1/2 NW 1/4, Sec 10 T 65 R 5W				
	(Distance) (Direction) (Nearest Town)				
Telephone No. (228) 218 - 6683	(Distance) (Direction) (Nearest Town)				
Pump Typ	• (circle one)				
1 - 1	Jet Piston Rotary Other (describe):				
	ated Pump Capacity:				
Is This Pump (circle one): New Repaired Replacemen					
Power Type (circle one)					
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	Imill Other (describe):				
Horse Power Rating of Motor: 1/10 Setting Depti	n: 20 feet Number of Stages: 2				
Pump Test Data for Non Flowing Well					
Date Well Tested: 10 may 2014	Duration of Pump Test (minimum 4 hours): hours				
	Pumping Water Level (B): Aff Feet Below Land Surface				
	ace Test Pumping Rate: Gallons Per Minute				
The state of the s					
Method of measurement (circle one). Steel tape Electric ta	a for Flowing Well				
Measured shut in head:feet.	in to the trial in the trial				
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter Installation					
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	Type of Meter: RECEIVED				
Totalizer Register Unit and Multiplier Factor (AF \times .001, gal \times	(1000, etc):				
Installation Date: Meter installed by:					
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.					
Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer					
rint name of Pump Installer and License No. (If applicable)	Date Signature of Pump Instalter				

Form: OLWR-SWR-18 (4/13)