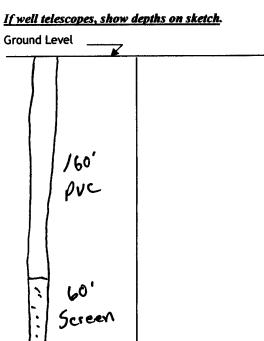
County: Jeffer Son Permit #:		
Well Owner Information (Landowner if borehole is not for a water well) Owner Name: Grover C Buie Mailing Address: 8239 Hwy 61 South Fayette MS. 39069 City State Zip Code Telephone No. 601 597-1683	Latitude: <u>31° 41″10″</u> Lor Method of Lat/Long (<i>check one</i> USGS quad, Hand-held G 124, Sec	6 T 8N RIE
Date drilling started: 8-1-16 Date drilling complete Location of the source of any surface water used for dri Method of dosing and volume of Chlorine used in drilling Logs run (<i>circle all applicable</i>): No log run Electric Gau Name of organization running log(s): Purpose of borehole (<i>circle one</i>) Water Well Geotect	Iling: PONd and development: Liquid mma Ray Density Sonic Neutro nnical/Geological Investigation	Dr Other: Ground Source Heat Pump
Purpose of Well (<i>circle all applicable</i>): Home Industria Other (<i>describe</i>): If a flowing well, method of flow regulation: Valve Static Water Level:feet [above or belo (<i>circle one</i>) Method of measurement (<i>circle one</i>): Steel tape Electric Well depth:Well grouted to a depth of: Casing length:feet Casing diameter: Screen length:feet Screen diameter:	Il Public Supply Irrigation I Other (describe) pw] land surface Date measured c tape Air line Other (describe): feet Type of grout (circle one): inches Type of control inches Type of control	Fish Culture Fish Culture Neat Cement Bentonite Mix asing:
Top of lap pipe or reduction in casing:feet		re Form: OLWR-SWRUKA (1)

By	0		ľ	ĥ		F	{
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,	County:
,	Permit #:

For Office Use Only:	
well #: <u>M45</u>	

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)
Red clar	Ground level	30
Yellow clay	30	40
Lime clay Sand	40	150
sand	150	220

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

Sketch the property layout and include the following:	A .
1) the well location	N I
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	T I
4) north arrow	
	$\langle \rangle$
	1 11111/6
Landowner Name: GOVER C Buip	HWYBI
	ordance with all apprendice CONOC
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in acc requirements of the Mississippi Department of Environmental Quality and the Mississippi	
if applicable, and state laws.	
1' Dala and an and	AUG 3 0 2016
Jim Kobinson 00000-666 8-16-16 from	parinon)
Print Name of Responsible Licensee and License No. Date // S	ignature of Licensee DV
V	Form: OLWR 54(K-1B (47 73)

	STATE WELL REPORT		
	County: Part 2 For Office Use On	lv:	
	Permit #: Pump Installer's Completion Report Mississippi Department of Environmental Quality Well #:		
	Driller: Office of Land and Water Resources	- 1	
	Date completed: P.O. Box 2309 Aquifer: Jackson, MS 39225-2309 Aquifer:		
	Copy information from block on Part 1 (601)961-5210		
	(601) 360-0535 (fax)		
	This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed provide the completed with the Department of the report must be attached and both parts filed with the Department at the above address within 30 days of well completed provide the completed p	t 1 letion.	
	Well Owner Information Well Location		
	Owner Name: Grover C Buie Latitude: 31°41'10"N Longitude: 91° 6' 16"	W	
	Mailing Address: 8739 HWY 61 SOUTH Method of Lat/Long (check one): Conventional Survey		
	USGS quad, Hand-held GPS_X, Survey-grade GPS_		
	Favette MS. 39069 1/4 1/4, Sec TR City State Zip Code 24 Alter land Alter la	i	
	Telephone No. (601) 597-1683 (Distance) (Direction) (Nearest Town)		
	Pump Type (circle one)		
	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):		
	Date Pump Installed: 8-16-16 Rated Pump Capacity: 10 Gallons Per 1	Minute	
	is This Pump (<i>circle one</i>): New Repaired Replacement		
	Power Type (circle one)		
6	Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (<i>describe</i>):		
	Horse Power Rating of Motor: Setting Depth:feet Number of Stages:O	Ø	
ł	Pump Test Data for Non Flowing Well		
	Date Well Tested: 8-16-16 Duration of Pump Test (minimum 4 hours):4	hours	
	Static Water Level (A): 109 Feet Below Land Surface Pumping Water Level (B): 149 Feet Below Land Su		
	Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per M		
	Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):		
	Pump Test Data for Flowing Well		
	Measured shut in head:feet.		
	Well yielded GPM with a drawdown of feet afterhours of pumping		
1	Meter Installation		
	Meter Manufacturer: Meter Serial Number:		
	Meter Mahuracture: Weter Schattanner:		
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):		
	Installation Date: Meter installed by:		
1	Is This Meter (circle one): New Repaired Replacement		
1	Important: By submitting the above information you are certifying that this meter was installed to manufacturer standa For agricultural wells, a list of approved meters is on the MDEQ website.	ırds.	
1	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
		nilic	bd
	Print Name of Pump Installer and License No. (<i>if applicable</i>) B-16-16 Jum Halum It. Date Signature of Pump Installer	<u>cei</u> ve	うし
	Form: OLWR-SWR-T	A (4/13)01	16
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	By	OLW	'R
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