Permit #:  Driller: \( \sum_{\cos \cos \cos \cos \cos \cos \cos \cos	Latitude: 34 • 27 , 36,17 Longitude: 89 • 27	). h the ,19. 21,	
Mailing Address: 500 CA 215     Abbecille   Ms   38601     City   State   Zip Code     Telephone No. (901)   371 - 6152	Method of Lat/Long (circle one): Conventional Survey,  USGS quad, Hand-held GPS, Survey-grade GPS    WEW Sec 19 Twn 75 Rng 200   State Zip Code   Distance Direction   Nearest Town		
Well / Borehole Data  Date drilling started: S-9-12 Date drilling completed: S-9-12 Hole depth: 115 Hole diameter: 63/4  Location of the source of any surface water used for drilling: NAME Method of dosing and volume of Chlorine used in drilling and development: Name of organization running log(s): Sonic Neutron Other: Name of organization running log(s): Geotechnical/Geological Investigation Ground Source Heat Pump  Seismic Survey Other (describe)			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:  If a flowing well, method of flow regulation: Valve A Other (describe)  Static Water Level: Sta			
Form: OLWR-SWR-1A (04/08)			

REGEIVED SELVINOR

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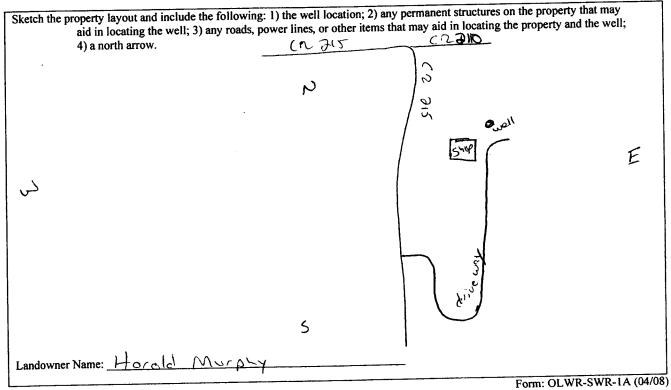
# The sketch below only required for water wells

## Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.  Ground Level			

Description of Formations Encountered	From (depth)	To (depth)
clay dist	Ground Level	15
while soud	15	50
	50	65
white clay	65	114
Rock	115	05

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



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

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# STATE WELL REPORT

# Permit #: Driller: Tones w. Mose ~ Date completed: 2-11-12 Copy information from block on Part 1

### Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210

(601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #:	Caa	
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 filed with the Department at the above address within 30 days of well completion

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 Location		
Owner Name: Harold Murphy  Mailing Address: 500 (N. 215	Latitude: 34, 27, 36, 17 Longitude: 89, 27, 19, 21  Method of Lat/Long (check one): Conventional Survey,		
Abbeville Mr 38601 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS  Sw NW  Distance Direction Nearest Town		
Telephone No. (901) 371 - 6153	414 Miles NW of Combridge		

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: 3	14
Date Pump Installed:	8-11-15		Setting Depth:	110	feet
Rated Pump Capacity: _	10	_Gallons Per Minute	Number of Stages: _	8	

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 8-11-12  Static Water Level (A): 95 Feet Below Land Surface  Pumping Water Level (B): 14 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape  Other (specify):	
Drawdown [(B) – (A)]: Feet Below Land Surface  Test Pumping Rate: Gallons Per Minute	For flowing well, measured shut in head:feet  Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet after 34 hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge.	
Janes w. Moson 0-620	Gors W. Mor	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: O	LWR-SWR-1B (04/08)

