	State Well Report		
County: Licoln,	Part 1 – Driller's Log	For Office Use Only	
Permit #:	Mississippi Department of Environmental Quality	Aquifer:	
Driller: Erlyerald well Sercine.	Office of Land and Water Resources P.O. Box 2309	Well #: K 161	
Driller: <u>EUTERALO WIN VICIP</u>	Jackson, MS 39225 (601)961- 5210	L. S. Elevation:	
Date drilling completed: 3-31-15	(601)961- 5228 (fax)	E-log #:	
	rt be prepared by the license holder responsible for	the work and filed with the	
<u>Department</u> at the above address Information on Well	s within 30 days of completion of drilling of the we	<i>ll or borehole.</i> Iorehole Location	
(Landowner if borehole is not f		$5^{"}$ Longitude: 40° $37^{'}$	
Owner Name Jelffeld	Latitude: $31^{\circ} \sim 7^{\circ}$	\sum " Longitude: $\underline{70^\circ J_2^{\circ}}$	
	Mathed of I at / one (cimite)	one): Conventional Survey,	
Mailing Address: Gene Rd.	USGS quad, Hand-he	USGS quad, Hand-held GPS, Survey-grade GPS	
	<u>52 1/ SW 1/ Sec 2</u>	5 Twn 6N Rng 6	
Boso chillo 1 City Ste	te Zip Code Distance Direction		
	Miles		
Telephone No. ()			
Location of the source of any surface wat Method of dosing and volume of Chlorin Logs run (circle all applicable): No log ru	rilling completed: <u>3-3/-15</u> Hole depth: <u>250 ´</u> er used for drilling: he used in drilling and development: In Electric Gamma Ray Density Sonic Neutron		
Location of the source of any surface wat Method of dosing and volume of Chlorin Logs run (circle all applicable): No log ru Name of organization running log(s):	er used for drilling:	Other:	
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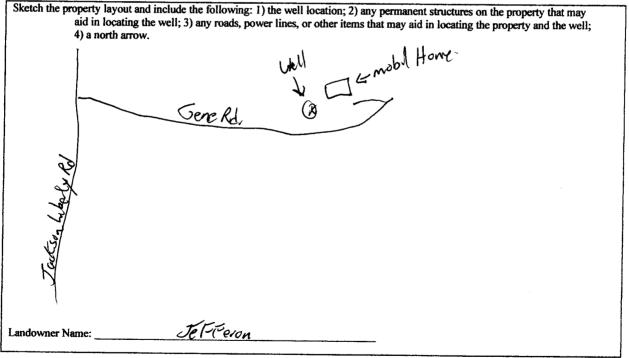
APR 1.5 2015 BY: OLW/R

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

Ground Level	Description of Formations Encountered	From (depth)	To (depth
·····		Ground Level	
	Charp.	6	20
	· Chur,	20	40
	Chely	40	60
	C Marel 1	60	90
	Sund.	90	601
	Chief	100	220
	Sund.	220	2.30
	Curse Sand,	230	20
		-	
			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

Date

029 3-31-15

laws Externeld. DIA

Rel .

Print Name of Responsible Licensee and License No.

Signature of Licensee

Date Pump Installed: 3-31-15 Rated Pump Capacity: 12 Gallons Per Minute s This Pump (circle one): New Repaired Replacement Power Type (circle one): Power Type (circle one) Vector Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor:		STATE WELL REPORT				
Permit #: Pump Installe's Completion Report Mussissippid Department of Environmental Quely Weil #: /_ / Date completed: 3-31-15 Cacy information from block on Port I Gallon S225 2009 (61) 945-1510 (61) 945-1510 (61) 945-1510 (61) 945-1510 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 (61) 945-15210 Latitude: 30-2/25.7 (61) 945-15210 Latitude: 30-2/25.7 Method of Lat/Long (heck one): Conventional Survey	County: Licolor	Part 2	For Office Use Only:			
Dritter: Citzpecield Left/det Massissippi Department of Environmental Quarty Weil #: f	•					
Date completed: 3-3/-15 Jackson, NS 39225-2009 (601)960-152100 (601)360-633 (ftax) Aquifer: This part of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 of the report must be completed by a ficensed water well contractor or a ficensed pump installer. A copy of Part 1 user ficense ficensed water and the part of the approximate of the other deficensed by a ficensed water well contractor ficense ficensed ficensed water and ficensed water well contractor ficensed pump installer. A copy of Part 1 user ficense ficensed water and ficensed water well contractor ficensed pump installer. A copy of Part 1 (Bistance) Pump Type (circle one): Site of the report must be conventional survey, ficense ficensed ficensed water and the file of the report of thereport of thereport of the report of thereport of the r		Mississippi Department of Environmental Quality	Well #: <u>E E</u>			
Lock information from block on Part 1 (00) 1960-0535 (fax) (fax)	Data completed: 3-31-15					
(601) 360-0535 (fax) This part of the report must be completed by a licensed water well constructor or a licensed pump installet. A copy of Part 1 of the report must be completed by a licensed water well constructor or a licensed pump installet. A copy of Part 1 Of the report must be completed by a licensed water well constructor or a licensed pump installet. A copy of Part 1 Of the report must be completed by a licensed water well constructor or a licensed pump installet. A copy of Part 1 Of the report must be completed by a licensed water well constructor or a licensed pump installet. A copy of Part 1 Of the report must be completed by a licensed water well constructor or a licensed pump installet. A copy of Part 1 Of the report must be completed by a licensed water well constructor or a licensed pump installet. A copy of Part 1 Of Well Constructors Well Constructors Method of LatrLong (check one): Survey	•		Aquifer:			
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 Dwner Name: JEFFEYAL Latitude: JO TO TO CONTRACTOR Latitude: JO TO TO CONTRACTOR Bace relation State Chi Poston State Chi Poston State Difference State Chi Poston State Difference	Copy information from block on Part 1					
Weil Counter Information Weil Location Dwner Name:	This part of the report must be complete of the report must be attached and both	ed by a licensed water well contractor or a licensed put parts filed with the Department at the above address w	np installer. A copy of Part 1 vithin 30 days of well completion.			
Aailing Address: Serve Rd Base duffing Model at /Long (check one): Conventional Survey		Well Owner Information Well Location				
Aailing Address: Serve Rd Base duffing Model at /Long (check one): Conventional Survey	Owner Name: Jebe					
Base ch.Hh. In S. Base ch.Hh. In S. State Zip Code State State State State State State State State State Circle one) State Reted Pump Capacity: State Power Type (circle one) State Desel Gasoline Natural Gas State Duration of Pump Test Mate for Non Flowing Well Date Heel I Code one): Setting Depth: TO State Duration of Pump Test Code (B): Gallons Per Minute Static Water Level (A): Feet						
State Zip Code State Zip Code State Zip Code Wiles	Mailing Address:ENE(C					
City State Zip Code Miles of						
Image: State Pump Installed State Pump Installed Direction of	Bogo chillo Mrs.	Breachton MS <u>SE 14 Siv 14, Sec 25 T GN R ÉE</u>				
Pump Type (circle one) Jubite State Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):		Miles o	f			
Jubiorgrsible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	Telephone No. ()	(Distance) (Direction)	(Nearest Town)			
Date Pump Installed: 3-31-15 Rated Pump Capacity: 12 Gallons Per Minute s This Pump (circle one): New Repaired Replacement Power Type (circle one): Power Type (circle one) Vector Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor:	_	Pump Type (circle one)				
S This Pump (circle one): New Repaired Replacement Power Type (circle one)	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
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Power Type (circle one) Performation of the end of the	Is This Pump (circle one): New Re	paired Replacement				
Horse Power Rating of Motor:						
Pump Test Data for Non Flowing Well Date Well Tested:	Electric Diesel Gasoline Natural Gas	Tractor PTO Windmill Other (describe):				
Date Well Tested:	Horse Power Rating of Motor:	Setting Depth: <u>/ 70</u> ´feet Number	of Stages:			
Static Water Level (A):		Pump Test Data for Non Flowing Well				
Drawdown [(B) - (A)]:	Date Well Tested:	Duration of Pump Test (minim	num 4 hours): hours			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):	Static Water Level (A): Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface					
Pump Test Data for Flowing Well Measured shut in head:feet. Mell yieldedGPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:Meter Installation Meter Model Number/Name:Meter Serial Number:	Drawdown [(B) - (A)]:	_Feet Below Land Surface Test Pumping Rate:	Gallons Per Minute			
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Meter Installation Meter Manufacturer:	Measured shut in head:feet					
Meter Manufacturer:	Well yieldedGPM with a	drawdown of feet after	hours of pumping			
Meter Model Number/Name:	Meter Installation					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date:	Meter Manufacturer:	Meter Serial Number:				
Installation Date:	Meter Model Number/Name:	Type of Meter:				
s 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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. Ind. Edgma 1 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer (1)	Totalizer Register Unit and Multiplier F	actor (AF x .001, gal x 1000, etc):				
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. HEREBY CERTIFY that the above statements are true to the best of my knowledge. Important: By submitting the above statements are true to the best of my knowledge. HEREBY CERTIFY that the above statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Important: Statements are true to the best of my knowledge. Im	nstallation Date:	Meter installed by:				
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RIAL Elegen () ODU Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer () ()	Important: By submitting the above in For agriculta	formation you are certifying that this meter was insta tral wells, a list of approved meters is on the MDEQ w	lled to manufacturer standards. ebsite.			
Ind. Edition and Columnation 3-31-15- But State Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	I HEREBY CERTIFY that the above state	ments are true to the best of my knowledge.	the three fact the fact			
	•		MPR + 5 1(4)			
Form: OLWR-SWR-1B (4/13)	Print Name of Pump Installer and Licen	se No. (if applicable) Date Signal				

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