County: Permit #: Driller: Grenn Water L Date drilling completed:

STATE WELL REPORT Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5555

(601)961-5228 (fax)

For Office Use Only: Aquifer: E-Log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 31°4095 Longitude: 90'6158		
Owner Name: <u>UAMES</u> Allen	Method of Lat/Long (check one): Conventional Survey,		
Mailing Address:			
Daltoni Lm.	USGS quad, Hand-held GPS, Survey-grade GPS		
Snithdale M5 39664	SW 1/4 SW 1/4, Sec 9 T 5N R 6E		
City State Zip Code	5 Miles SW of Arlington		
Telephone No. ()	(Distance) (Direction) (Nearest Town)		
Well / B	orehole Data		
	Hole depth: 60 Hole diameter: 7		
Location of the source of any surface water used for drilling	ng: NOME		
Method of dosing and volume of Chlorine used in drilling a	nd development: mudpit & Grace pack		
Logs run (check all applicable): Deg run electric amr			
Name of organization running log(s):	e de tre mente de la companya de la		
Purpose of borehole (check one): Water Well Geotechni	RECEIVE		
	and the figure source of the section		
일어 등 보고 있는 그는 그는 그를 하는 것이 없는 것이 없는 것이 없다.	describe)		
	onstruction, skip the remainder of this block BY OLW		
Purpose of Well (check all applicable): Home Industria	l Public Supply Irrigation Fish Culture		
Other (describe):			
If a flowing well, method of flow regulation: Valve	Other (describe)		
Static Water Level: 28 feet Dabove on Sheld (check one)	ow] land surface Date measured: 7-11-19		
Method of measurement (check one) Steel tape Electric	tane Dair line Other (describe):		
할 이렇게 되었다. 저 이번 살이 느느 하게 이 이렇게 되었다면 이미스의 그는 이렇게 됐다면 그리고 있었다.	eet Type of grout (check one) Neat Cement entonite Mix		
	그런 그들은 것이 하면 하면 가는 것은 아이들은 사람이 아니라 나를 하는 것이 없는 것이 없는 것이 없다면 하는데 없다.		
Casing length: 45 feet Casing diameter:			
Screen length:	inches Type of screen:		
Screen slot size: <u>OIO</u> inches Setting depth:	From US feet to 55 feet		
Type of completion (check all applicable) ravel packed	Underreamed Open hole Natural Development		
Other (describe):	The man was selected to be a selected to the s		
Top of lap pipe or reduction in casing:feet	THE RESERVE AS A STATE OF THE PARTY OF THE P		
If telescoped or more than	one screen, describe on next page		

	ar filmy arrage for such		Office Use	
The sketch below only required for water wells If well telescopes, show depths on sketch.	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	
enverse built by type thrust universe	Red Clay	3.03.100	0	14
netrosal alpas to 8 to 4 gallin	Sand		14	55
	1 4 4 4 1 6	33.4	55	60
The result comment in the Land Market profit of the Land Comment o				
Law Mile Liter House		3 1-1		
the state of the s	0			- 43361 (IO) L
	ALCONO PROSENTAN			
- I we do not be a Contract of the second	7		10.2.084	A 1 (0103.920
1 Juan Sun De Highway	57 <u>557 758 335 335 335 335 35</u>	same com	-ov ov bas o	e galy to Endle
If more than one screen, show location of each on sketch		- 22 2		
	n locating the property and the well		gaulteen dal oo	
Well, House			en roman Suverge	
andowner Name: Mobile .	James Allen	J		jelije strasit Geografija
HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ if applicable, and state laws.	constructed, and completed in imental Quality and the Mississip	accordance opi Departm	with all app ent of Healti	licable h regulations,
Mic Mail w lets 37737 Print Name of Responsible Licensee and License No.	7-11-19 M	h lu l	of Licensee	ngin officia co

Signature of Licensee Form: OLWR-SWR-1B (4/13)

STATE WELL REPORT

County: Lincoln(Permit #: Driller: Gran water well) Date completed: 7-11-19 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

dississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210

For	Office	e Use Only
Well #:	0	129
Aquifer	·	

(60	1) 360-0535 (fax)			
This part of the report must be completed by a licensed wate	er 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	Well Location			
Owner Name: JAMES Allem	Latitude: 31'4095 Longitude: 90'6158 Method of Lat/Long (check one): Conventional Survey			
Mailing Address:				
- DAHONI LNI	USGS quad, Hand-held GPS, Survey-grade GPS			
Smithdale MS 39664	SW 1/4 SW 1/4, Sec 9 T 5N R 6E			
City State Zip Code				
Telephone No. ()	(Distance) Miles Sur of Arlinigtown (Nearest Town)			
Pump Tv	rpe (check one)			
	어른 아이들에 살아보는 그는 사람들이 얼마를 가장하는 것이 없는 것이 없었다. 그 없는 그 없는 것이 없다.			
Submersible Turbine Air Lift Centrifugal Flowing Well	그 그 사람들이 어느 그 회에서는 이 사람들이 그리고 있다. 그리고 있는 사람들이 되었다. 그 그리고 있는 것이 되었다.			
Date Pump Installed:	Rated Pump Capacity:Gallons Per Minute			
Is This Pump (check one): New Repaired Replaceme	ent			
	ype (check one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	ndmill Other (describe):			
Horse Power Rating of Motor: Setting Dep	th: 50 feet Number of Stages:			
Pump Test Data	for Non Flowing Well RECEIVE			
Date Well Tested:	TIVE			
~ .\	AIII 7 3 2000			
A	Pumping Water Level (B): 34 Feet Below Land Surface			
Drawdown [(B) - (A)]: Feet Below Land Sur	rface Test Pumping Rate:/ Gallons Per Minute			
Method of measurement (check one): Steel tap Electric t				
Pump Test Da	ata for Flowing Well			
Measured shut in head:feet				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter	Installation			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	ıl x 1000 , etc):			
Installation Date: Meter installed by:				
Is This Meter (check one): New Repaired Replacem	ent			
Important: By submitting the above information you are c For agricultural wells, a list of an	vertifying that this meter was installed to manufacturer standards.			
I HEREBY CERTIFY that the above statements are true to the	ne best of my knowledge			

Michael wkff 135) 11-19 While
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)