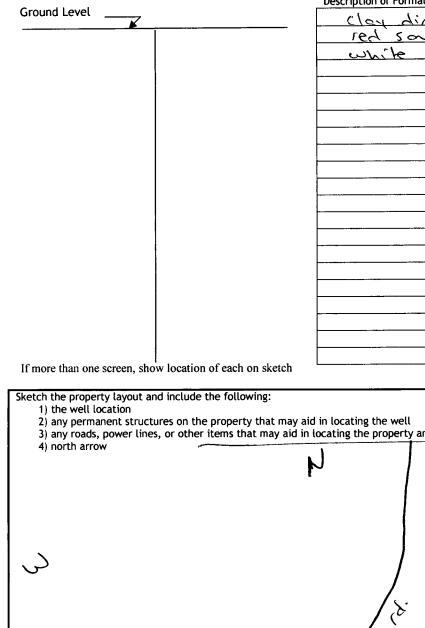
County: $Morshall$ Permit #: Driller: $Jones w. Mosc M$ Date drilling completed: $6-14-16$ State Law requires that this report be prepared	TE WELL REPORT Part 1 Driller's Log Department of Environmental Quality e of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601)360-0535 (fax) by the license holder responsible for	For Office Use Only: Well #: R 10 1 Aquifer:
Department at the above address within 30 days Well Owner Information (Landowner if borehole is not for a water well Owner Name: La Kita Rucker Mailing Address: 330 Tyro rd. <u>Hully Sprimss</u> Ms 386 City State Zip C Telephone No. (901) 606 - 2844	Well or Bord Latitude: <u>34°38'43.31N</u> Lo Method of Lat/Long (<i>check on</i> USGS quad, Hand-held (ehole Location ingitude: $89^{\circ}37'57.38''\omega$ e): Conventional Survey, GPS, Survey-grade GPS $16_{T}_{5} S_{R}_{-}4\omega$
Date drilling started: $6 - 1 - 16$ Date drilling comp Location of the source of any surface water used for Method of dosing and volume of Chlorine used in dri Logs run (<i>circle all applicable</i>): No log run Electric Name of organization running log(s): -16 Purpose of borehole (<i>circle one</i>): Water Well Geo Seismic Survey	r drilling: <u>NA</u> illing and development: <u>Spp</u> Gamma Ray Density Sonic Neutr	on Other: Ground Source Heat Pump
Purpose of Well (<i>circle all applicable</i>) Home Indu Other (<i>describe</i>):	ustrial Public Supply Irrigation \square <t< td=""><td>Fish Culture d: <u>G-14-16</u> : <u>String I we ight</u> : Neat Cement Bentonite Mix casing: <u>$p \lor C$</u> : screen: <u>$p \lor C$</u> o <u>140</u> feet</td></t<>	Fish Culture d: <u>G-14-16</u> : <u>String I we ight</u> : Neat Cement Bentonite Mix casing: <u>$p \lor C$</u> : screen: <u>$p \lor C$</u> o <u>140</u> feet
Other (<i>describe</i>): مع نم Top of lap pipe or reduction in casing: مع ما مع If telescoped or more		JUL 1 4 2016 Form: Dy-swala 44

County:		 	
Permit #:	·	 	 _

F	or Office	Use	Only:
Well #:	RUI		

The sketch below only required for water wells

If well telescopes, show depths on sketch.



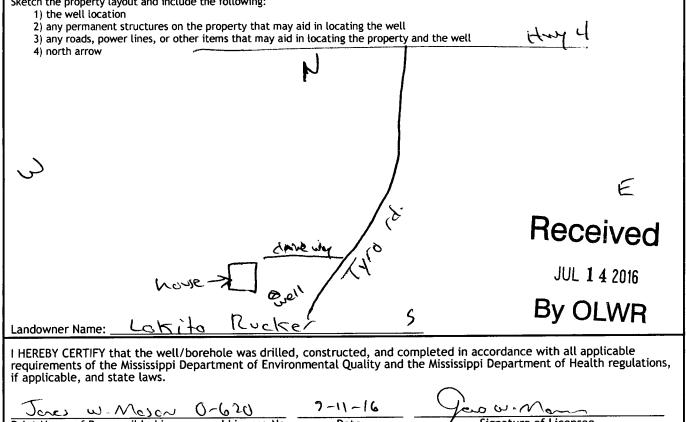
Print Name of Responsible Licensee and License No.

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

Description of Formations Encountered	From (<i>depth</i>)	To (depth)
clay dict	Ground level	10
clay dict red soud white soud	10	25
white soud.	25	140
A 47 Mars		·

Signature of Licensee

Form: OLWR-SWR-1A (4/13)



Date

STATE WELL REPORT				
County: Morshall	Part 2	For Office Use Only:		
Pump Installe	er's Completion Report	Well #:		
Mississippi Departi	nent of Environmental Quality nd and Water Resources	well #:		
$P_{\text{obs}} = p_{\text{obs}} p_{ob$	P.O. Box 2309	Aquifer:		
Jackso	on, MS 39225-2309 601)961-5210			
) 360-0535 (fax)			
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the l	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	Well Owner Information Well Location			
Owner Name: Lakita Rucker				
Mailing Address: 320 Tyro rd	Method of Lat/Long (check one			
	USGS quad, Hand-held G	PS, Survey-grade GPS		
Holl-(Springs Ms 38635 City State Zip Code	NW 1/4 5W 1/4, Sec_	$\frac{16}{15} R - \frac{1}{10}$		
City State Zip Code	1/2 Miles SW of	(Nearest Town)		
Telephone No. (<u>901</u>) <u>606 - 3844</u>	(Distance) (Direction)	(Nearest Town)		
Pump Ty	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (<i>de</i>	scribe):		
Date Pump Installed: 6-14-16	Rated Pump Capacity: ((Gallons Per Minute		
Is This Pump (circle one): (New) Repaired Replaceme				
-	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win		-		
Horse Power Rating of Motor:	th: <u>100</u> feet Number	of Stages:		
Pump Test Data	for Non Flowing Well			
Date Well Tested:	Duration of Pump Test (minim	um 4 hours): <u>24</u> hours		
Static Water Level (A): 76 Feet Below Land Surface	Pumping Water Level (B):	<u> い (</u> Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Sur	face Test Pumping Rate:	<u>l ()</u> Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric t		string (weight		
Pump Test Da	ta for Flowing Well			
Measured shut in head: λl^{A} feet.				
Well yielded GPM with a drawdown of	↓/ ↑	hours of pumping		
Meter Installation				
Meter Manufacturer: / \1	Meter Serial Number:	NIA		
Meter Model Number/Name: مراح Type of Meter: مراح				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):/イト				
Installation Date: Meter installed by: N I A				
Is This Meter (circle one): New Repaired Replacement				
Important: By submitting the above information you are certifying that this meter was installed to manufact r 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. JUL 1 4 2016				
Jacow, Moscow (1-620 Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer of Pump Installer of Pump Installer				
Form: OLWR-5WR-1B (4/13)				