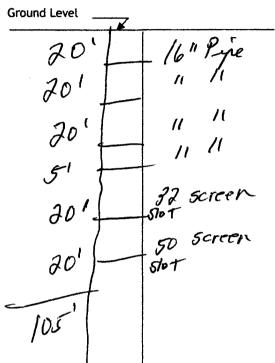
۰ ^۱				
• ' , ,	(Landowner if borehole is not for a water well) Owner Name: No/an West Mailing Address: 22679 Horizonta Method of Lat/Long (check on	Aquifer: E-Log #: the work and filed with the or borehole. ehole Location hgitude: W 90 08 38 e): Conveptional Survey,		
	City State Tip Code	GPS, Survey-grade GPS J8 TOFS R_09W of Mark (Nearest Town)		
	Well / Borehole Data Date drilling completed: 9-5-15 Hole depth: 105 ' Hole diameter: 24 '' Location of the source of any surface water used for drilling: 104 rby 1, tel Method of dosing and volume of Chlorine used in drilling and development: add wher filling tank Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Purpose of borehole (circle one): Vater Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block			
	Burness of Well (starts off a final starts of	Fish Culture		
	If a flowing well, method of flow regulation: Valve Other (<i>describe</i>) Static Water Level:feet [above or below] land surface) Date measured (<i>circle one</i>)	:		
	Method of measurement (<i>circle one</i>) Steel tape Electric tape Air line Other (<i>describe</i>): Well depth: $\cancel{D5}'$ Well grouted to a depth of: \cancel{D} feet Type of grout (<i>circle one</i>): Casing length: $\cancel{65}$ feet Casing diameter: $\cancel{16}$ inches Type of constrained of the strength of th	Neat Cement Bentonite Mix asing: PVC creen: PVC		
	Top of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on next pag	e		

	7 (
County:	Panola
Permit #:	M5-GN-48719

The sketch below only required for water wells

If well telescopes, show depths on sketch.



	For Office Use Only:
Well	#: <u>Als</u>

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)
	Ground level	
topsoil t clay Medium Gang	0	15
Medium Gand	15	25
COArse sand	35	75
Coarse sand coarse gand + grave coarse sand	75	95
COArse sand	95	105
· · · · · · · · · · · · · · · · · · ·		

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

Sketch the property layout and include the following:

- 1) the well location
- 2) 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
 - 4) north arrow

OCT 0 8 2015

Nolon West Landowner Name:

I HEREBY 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 laws.

<u>TOMMY</u> <u>COCOCKST</u> # 3469 <u>9-12-15</u> Print Name of Responsible Licensee and License No. Date lomes Signature of Licensee

STATE WILL REPORT Permit 4: G.M (17)13 Permit 4: G.M (17)13 Date completic: P.S.F.S. Date completic: P.S.F.S.F.S. Date completic	에 너희 가 나는 것 같아.		
Control Control Pump Installer's Completion Report Premix & CACCE PAR-0 ? BAHAR Mississippid peartment of Charlormonetal Calculut Po. Box 2009 Date completed: P.S. 51.52 Copy information from block on Part (61) 945-5210 (61) 945-5210 (61) 945-5210 (61) 945-5210 (61) 945-5210 (61) 945-5210 (91) 300-0535 (fax) Well Owner Information Well Owner Information Well Owner Information Latitude: 34-21-39- Longitude: 90 e 056-58 - Mathing Address: 226-79 State Zip Code City of the report must be atcompleted by a liceneed water well control Well Owner Information Latitude: 34-21-39- Longitude: 90 e 05-58 - Mathing Address: 226-79 State Zip Code City of the report must be atcompleted by a liceneed water well control USS quad		STATE WELL REPORT	
Partine: Action Parce 1 Partine: Parce Parce Date completed: 9.5:15 Office of Land and Water Resources P.O. Box 3205 P.O. Box 3205 Copy information from block on Parct Office of Land and Water Resources P.O. Box 3205 P.O. Box 3205 Copy information from block on Parct Office of Land and Water Resources P.O. Box 3205 P.O. Box 3205 This part of the report must be completed by a filed with the Department at the above address within 30 down of well completion. Office office must be completed by a filed with the Department at the above address within 30 down of well owners in the Conventional Survey. Well Owner Information Well Conventional Survey. Charles This part is a filed with the Department of Environmental (Guilty Conventional Survey. Charles This part is a filed with the Department of the Open address within 30 down of Survey. Charles This part is a filed with the Department of Environmental Count (Guilty States) Charles This part is a filed with the Department of the Open address within 30 down of States) Convertional Survey. Lattude: State 21. State Survey: grade GPS Charles State Convertional Survey. Userstates State Convertional Survey. Copy State This Purp Prest Corfere one) P			For Office Use Only:
Dritte::: CARCED:: Yest Date: P.G. Box 2009 Date completed:: .9.5:1/5		Mississippi Department of Environmental Quality	Well #:8
Under compreted:		Office of Land and Water Resources	
Copy information from block on Part 1 (601)961-9210 (601)961-9210 (601)360-0535 (fax) This part of the report must be extended and both parts filed with the Department at the above address within 30 days of well completion. Well Overe Information Owner Name:	Date completed:9-5-15		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 filted with the Department at the above address within 30 days of well completion. Well Owner Information Owner Name: Well Owner Information Well Owner Information Latitude: St - 21. 39. Longitude: 96.0 05.58 n Mailing Address: 22.0 7.9 Mailing Address: 22.0 7.9 Mailing Address: 22.0 7.9 State 21.0 Code VILV State Zip Code Jule A Jee (APS) - Survey-grade GPS - Survey-grade GPS - Survey in the Control of Code (Dec) Submersible Gurban Air Lift Centrifugal Flowing Well Let Piston Rotary Other (describe): Submersible Gurban Air Lift Centrifugal Flowing Well Let Piston Rotary Other (describe): Galons Per Minute Permp Type (circle one) Submersible Galons Per Minute Power Type (circle one) Galons Per Minute Power Type (circle one) Galons Per Minute Power Type (circle one) Submit Or Hump Test Infinition Power Rating of Motor: Power Type (circle one) Galons Per Minute Power Type (circle one) Power Type (Circle one)	<u>Copy information from block on Part 1</u>	(601)961-5210	
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Mailing Address: 22679 JUN 51 Method of Lat/Long (check one): Conventional Survey			
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SALPORS MS Silver Zip Code City State Zip Code //2 Miles Miles <t< td=""><td>Mailing Address: 22679 H</td><td>Method of Lat/Long (check one</td><td>): Conventional Survey,</td></t<>	Mailing Address: 22679 H	Method of Lat/Long (check one): Conventional Survey,
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Telephone No. UB2 - 3858 III 2 Miles III 2 Miles Of Luck's Station (Nearest Town) Pump Type (circle one) Fump Type (circle one) (Nearest Town) Submersible Gurling A lir Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): (Nearest Town) Date Pump Installed: 9.14-15 Rated Pump Capacity: 3000 Gallons Per Minute Is This Pump (circle one): files Repaired Replacement Power Type (circle one) Gallons Per Minute Electric Geasoline Natural Gas Tractor PTO Windmill Other (describe):	SAROIS MS	38666 SW 1/ NE 1/4. Sec	28 T OSS R OFW
Peterphone No. (202) Q. P. D. P. Pump Type (<i>Lircle one</i>) Pump Type (<i>Lircle one</i>) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (<i>describe</i>): Date Pump Installed: 9.14-15 Rated Pump Capacity: QOO Gallons Per Minute Is This Pump (<i>circle one</i>): Mean Power Type (<i>circle one</i>):			
Submersible Curbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	Telephone No. (662) 487-3	(Distance) (Direction)	(Nearest Town)
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