County: Part 1 – Driller's Log Mississippotentment of Environmental Quality Autor: Det drilling completed: Generation of Environmental Quality Date drilling completed: Generation of Environmental Quality Date drilling completed: Generation of Environmental Quality Det drilling completed: Generation of Environmental Quality Det drilling completed: Generation of Milling of the well of the work and field with the Department of the well of Secondal. Information on Well Owner Well or Berchade Location Maining Address: 123 M	· · · · · · · · · · · · · · · · · · ·		
County: Hart 1 - Driller's Log Mississippid Department of Environmental Quality Aquifer: Differ of Land and Water Resources P. O. Box 2009 Jackson, MS 38225 (601)861-0228 (tax) State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of table holder esponsible for the work and filed with the Department of table holder esponsible for the work and filed with the Department of table holder esponsible for the work and filed with the Department of table in the Net or borehold. State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of table network and filed with the Department of the Well or borehold. Mailing Address: 123 Mailing Address: 124 Mailing State Clipping Completion of drilling: Discipping Comenon and Mailing and De	<u>,</u>	State Well Report	For Office Use Only:
Permit #: Office of Land and Water Resources P.O. Box 2309 Date drilling completed: C = 9.2021 Differ of Land and Water Resources Will #:::::::::::::::::::::::::::::::::::	County: ferry		
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Date drilling completed: $\begin{bmatrix} -9.2011 \\ (001)961-5220 \\ (001)961-5228 (fax) \end{bmatrix}$ I. S. Elevator: 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 borchole. Image: Department at the above address within 30 days of completion of drilling of the well or borchole. Image: Department at the above address within 30 days of completion of drilling of the well or borchole. Image: Department at the above address within 30 days of completion of drilling of the well or borchole. Image: Department at the above address within 30 days of completion of drilling of the well or borchole. Image: Department at the above address within 30 days of completion of drilling. Image: Department at the above address within 30 days of completion of drilling. Image: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department and volume of Choine used in drilling and development: Image: Department and volume of Department and development: Image: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed: Department at the above address within 30 days of completed in drilling:			Well #:
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f a flowing well, method of flow regulation: ValveOther (describe)			
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MSWRter Well Drilling Randel Can Lic # 0-374	The of lan ning of advation in easing	foot If talacconad or more then one so	reen, describe on next page
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115 Water Well Willing Handel Can Lic # 0-374 6-24-2011	And III Inc.	11 Automation	Form: OLWR-SWR-1A (04/08)
Lic # 0-374 - 2011	MS White WER	1 ching	Jol Managers
Lic # 0-314 6-24-2011		- Xan	our can
	Lic # 0-374	6-	26-2011
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STATE WELL REPORT					
County: Perry Permit #: Driller: A. Com- Date completed: 6-5-2011 Copy information from block on Part 1 This part of the report must be completed by a report must be attached and both parts filed w Well Owner Information Owner Name: Downer Information Owner Name: Downer Information Mailing Address: 123 Weilt Ro Perry Mass	Par Pump Installer's Co Aississippi Department of Office of Land and P.O. Boy Jackson, M. (601)961 (601)961-5 a licensed water well com with the Department at the Comparison of the Department of of the D	t 2 ompletion Report f Environmental Quality Water Resources x 2309 AS 39225 1-5210 5228 (fax) htractor or a licensed pum the above address within 3	Aquifer: Well #: Elevation: <i>p</i> installer. A copy of 0 days of well compl Vell Location <u>3</u> Longitude: <u>87</u> (cone): Conventiona ele GPS Survey	<i>v</i> 0 8 25 <i>v v</i> 1 Survey, <i>r</i> -grade GPS	
City State Telephone No. (<u>601)</u> 40) - 35 Pump Type Circle one	Zip Code	Distance Direction $S_{Miles} S/E$	n Nearest Tow	'n	
Bucket Piston Tu Centrifugal Rotary F Other (specify): Date Pump Installed: $6 - 5 - 3$	urbine E lowing Well W oll S	Electric Motor Han	her (specify):	1	
Pumping Water Level (B):Feet Bel Drawdown [(B) – (A)]:Feet Bel	low Land Surface (Cow Land Surface) low Land Surface) low Land Surface) illons Per Minute)		d shut in head: GPM with a d	Steel Tape	
I HEREBY CERTIFY that the above statemen MS Water Well y Print Name of Pump Installer and License No.	Drilling D-3			6-2011 R-SWR-1B (04/08)	

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The sketch below only required for water wells * *

	wells and boreholes, unless specifically exempted by regulations			
If well telescopes, show depths on sketch.			Гo (depth)	
Ground Level	Description of Formations Encountered		_	
	Top Soil	Ground Level	10	
	Class	10	40	
	Sand	40	45	
	CAN	45	49	
	Semo Stone	49	51	
	Clay 2	51	60	
	Semi	60	100	

Description of formations encountered must be provided for all

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) a north arrow. Google Map paric Travis Landowner Name: 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

Migs Water Well Drilling 6-26-2011 Print Name of Responsible Licensee and License No. Date 410 # 0-374 ÷, Sandall ي و قرق

Signature of Licensee

JUL:23 (111)