Conv. Finds Promp Installer - 2 Completion Report Date completed. [Definition - 2000] Definition - 2000 [Definition - 20000] Definition - 2000	County: 11te	STATE WELL REPORT Part 2	For Office Use Only:
Differ of last region and red Water Boostand County Differ of last region metal for Misch an Ret I Instances of 2000 Sectors P.O. Boo 2000 Sectors P.O.		Pump Installer's Completion Report	Aquifer:
Due completed: Description: <		Mississippi Department of Environmental Quality	F 7.91
Considermation from block on Part 1 (601)961-5210 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 35 days of vell completion. Well Orner Ing formation Well Orner Information Owner Name: Lichner Market and both parts filed with the Department at the above address within 35 days of vell completion. Well Orner Information Well Orner Information Owner Name: Lichner Market attached and both parts filed with the Department at the above address within 35 days of vell completion. Summed Mailing Address: Summed Mail City State City State Telephone No.		1.0. Box 2507	Well # 521
Gene information from block on Part 1 (601)061-5228 (fbx) 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 thered and both the Department at the above address within 30 days of well completion. Well Owner I aformation Well Owner I forward the Department at the above address within 30 days of well completion. Well Owner I aformation Well Owner I forward the Department at the above address within 30 days of well completion. Owner Name: Jehn All State Jip Code State Zip Code No. Method of Lat/Long (check one): Conventional Survey_med CPS_ No. Method of Lat/Long (check one): Conventional Survey_med CPS_ No. Method of Lat/Long (check one): Conventional Survey_med CPS_ State Zip Code Pump Type Core Code Carentingal Rotary Powing Yee State Piston Turbine Bucket Piston Pump Test Data Circle one Carentingal Rotary Pump Test Data Method of Measuring Line Static Water Level (A): Feet Below Land Surface Date Well Tested: Gallons Per Mi	Date completed: 10-15-15-		Elevation:
report must be directed and both parts field with the Department at the above address within 18 days of well consistion. Well Creation Owner Name: John Aluan Using Address: Well Creation Owner Name: John Aluan Using Address: Summan Aluan Well Creation Mailing Address: Summan Aluan Well Creation Latitude: John Aluan Survey-grade GPS Summan Mail State Zip Code Direction Nearest Town State Zip Code Distance Of Nearest Town Air Lift Jet Summan Bust Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Diesel Engine Gasoline Engine Natural Gas Dieterity:	Copy information from block on Part 1		
Well Owner Name: John Junit Well Joestion Owner Name: John Junit Juniting Address: Juniting			
Mailing Address: Summer Helmetralle Mailing Address: Summer Helmetralle Summer Mailing Address: Summer Helmetralle Summer Mailing Address: Summer Mailing Address: City State Zip Code Pump Type City & M. M. M. M. M. See. Means Town Air Lift Jet Summerstep Backet Piston Turbine Dissel Engine Natural Gas Electric Masc Pang Test Dats Bit Setting Depth: Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor: J/4 Setting Depth: Method of Measuring Water Level Date Pump Installed: _feet Below Land Surface Nethod of Measuring Line Setting Pump Pumping Water Level (B): _feet Below Land Surface For flowing well, measured shut in beast: _feet Duration of Pump Test (minimu 4			
Junction Mail City State Zip Code No N. M. M. See G. T. S. N. R. S. E. Distance Distance Nearest Town Miles Distance Nearest Town Air Lift Jet Summerstore Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Jet Date Pump Installed: Jet Gallons Per Minute Date Well Tested: Feet Below Land Surface Method of Measuring Water Level Chill: Feet Below Land Surface Air Line Electric Measuring Water Level Date Well Tested: Gallons Per Minute Method of Measuring Water Level Steel Take Date Well Tested: Gallons Per Minute Neerol of Measuring User Level Circle one Date Well Tested: Feet Below Land Surface Air Line Electric Measuring Line Steel Take Onter (specify): Gallons Per Minute For flowing well, measured shut in bead: feet Duration of Pump Test (minimum 4 hours): hours </td <td>Owner Name: John Aun Un</td> <td>1/ Latitude: 310 15 41</td> <td>¹¹ Longitude: <u>90°26 '9.7</u>"</td>	Owner Name: John Aun Un	1/ Latitude: 310 15 41	¹¹ Longitude: <u>90°26 '9.7</u> "
Summed MW NE	Mailing Address: Summe Ho	Method of Lat/Long (check	cone): Conventional Survey,
City State Zip Code Distance Direction Nearest Town Telephone No. (USGS quad, Hand-he	eld GPS, Survey-grade GPS
Telephone No. (Zin Code NW 1/2 NE 1/2 Sec	<u>6 T3N R 8E</u>
Air Lift Jet Summersibles Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Moto Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):		Distance Direction	
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Air Lift Jet Summersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Mato Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			
Centrifugal Rotary Flowing Well Windmill Other (specify):		Submersible Diesel Engine Gaso	
Other (specify):	Bucket Piston		d Tractor PTO
Date Pump Installed: /0-K-K-K- Rated Pump Capacity:	Centrifugal Rotary	Flowing Well Windmill Othe	er (specify):
Date Pump Installed: /0-K-K-K- Rated Pump Capacity:	Other (specify).	Horse Power Rating of Mol	m 3/4
Rated Pump Capacity:			· · ·
Pump Test Data Method of Measuring Water Level Date Well Tested:	Date Pump Installed: / C~/S -/S -	Setting Depth:	<u>r</u> feet
Date Well Tested:	Rated Pump Capacity: <u>42</u>	Gallons Per Minute Number of Stages:	
Static Water Level (A):Feet Below Land Surface Air Line Electric Measuring Line Steel Tale Pumping Water Level (B):Feet Below Land Surface Other (specify): Other (specify): For flowing well, measured shut in head:feet Drawdown [(B) – (A)]:Gallons Per Minute For flowing well, measured shut in head:feet Feet Below Land Surface For flowing well, measured shut in head:feet Duration of Pump Test (minimum 4 hours):hours hours feet afterhours of pumping This is for (circle one): Mell Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. Signature of Pump Installer Minute BAAL 5 2 Act M Open Signature of Pump Installer Minute WOV () 1 // 1 Signature of Pump Installer Minute Minute	Pump Test Data	Method of N	
Static Water Level (A):Feet Below Land Surface Other (specify): Pumping Water Level (B):Feet Below Land Surface Other (specify): Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Drawdown [(B) – (A)]:Gallons Per Minute For flowing well, measured shut in head:feet Duration of Pump Test (minimum 4 hours):hours hours	Date Well Tested:		
Pumping Water Level (B):Feet Below Land Surface For flowing well, measured shut in head:feet Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours feet afterhours of pumping This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump HEREBY CERTIFY that the above statements are true to the best of my knowledge. Splature of Pump Installer BAL F- 2 Act, Id OP44 Print Name of Pump Installer and License No. (if applicable) Splature of Pump Installer NOV (11) NOV (11)	Static Water Level (A):Feet	Below Land Surface	
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Brad F 2 park Crey, Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1C (07-09) NOV (11/1)	This is for (circle one): New Well	Replacement of Existing Pump Repair of	Existing Pump
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Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1C (07-09) NOV () / / /	HEREBY CERTIFY that the above statem	ents are true to the best of my knowledge,	
Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1C (07-09) NOV () / / /	BIAJ FIZON W	Ore halte	1. State of the st
NOV G / ZI		o. (if applicable) Signature of Pump	Installer
			Form: OLWR-SWR-1C (07-09)
			NUV († 11 Xí

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STATE WELL REPORT Permit #: Part 1 Driller's Log Driller: Electron 11 Ulter 1 Driller's Log Mississippi Department of Environmental Quality Well #: E Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 Got1)961-5210 Jackson, MS 360-0535 (fax) Got1)360-0535 (fax) 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 (Landowner if borehole is not for a water well) Well or Borehole Location Owner Name: 172hn Paul (usruth) Latitude: 310/5 411 Longitude: 90° 26 967 " Mailing Address: Summ + Holmes Merkd Method of Lat/Long (check one): Conventional Survey
Summed MS State Zip Code Wiles
elephone No. () (Distance) (Direction) (Nearest Town)
ocation of the source of any surface water used for drilling: lethod of dosing and volume of Chlorine used in drilling and development: ogs run (circle all applicable): No tog run) Electric Gamma Ray Density same of organization running log(s):
If drilling is not related to water well construction, skip the remainder of this block
a flowing well, method of flow regulation: Valve Other (describe)
atic Water Level:feet [above_or_below] land surface Date measured: 10-15-15-
ethod of measurement (circle one): Steel tape Rectric tape Air line Other (describe):
her (<i>describe</i>):
o of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on next page

Form: OI WR-SWR-1A (4/13)

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 .

ell telescopes, show departs on sketch	Description of Formations Encountered	From (depth) T Ground Level	o (depth)
<u>ell telescopes, show depths on sketch.</u> Ground Level			20
	Clay	20	40
	Sandy	40	65
	[[renel]	60	10
	Jourd	20	90
	Curre Cano		
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If more than one screen, show location of each on ske etch the property layout and include the following: 1) the	and the second sec	ne property that ma property and the we	y dl;
	etch he well location; 2) any permanent structures on the lines, or other items that may aid in locating the	ae property that ma property and the we	y ili;
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I certify that the well/borchole 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

029 10-15-15 laws, BiAd Fitzerald

Bull 5 Signature of Licensee

Print Name of Responsible Licensee and License No.

Date