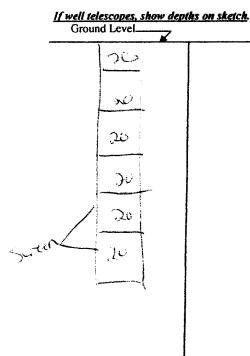
County: <u>Guittman</u> Permit #: <u>Ou 4716357</u> Driller: <u>Del Jumper</u> Dete tilling completed: 9-12-13 Part 1 – Mississippi Departme Office of Land a P.O. Jackson (601)	(601)961- 5210 (601)961- 5228 (fax)				
Department at the above address within 30 days of com	pletion of drilling of the well or	borehole.			
Information on Well Owner	/ell Owner Well or Borehole Location				
(Landowner if borehole is not for a water well)	Latitude: <u>34 • 10 ·55 "</u> 1	Longitude: <u>A. o Z. do</u> "			
Owner Name 16554 Fairis Mailing Address: 251 Les Dive	Method of Lat/Long (circle one):	Conventional Survey,			
Maning Hourss- 0111 - 10-	USGS quad, Hand-held GP				
Clautzschile 115 35414	110 14 510 14 Sec 315 "				
City State Zip Code '	Distance Direction	Nearest Town Cluck Schale			
Telephone No. ()					
Well / Borehole Data Date drilling started: <u>9-10-1</u> ? Date drilling completed: <u>9-10-13</u> Hole depth: <u>100</u> Hole diameter: <u>2810</u> Location of the source of any surface water used for drilling: <u>New rife</u> <u>Ulent</u>					
Method of dosing and volume of Chlorine used in drilling and devel Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnical/Geok	ogical Investigation Ground Sou	Irce Heat Pump			
Seismic SurveyOther (<i>describe</i> Other (<i>describe</i> Other (<i>describe</i> Other (<i>describe</i> Other))	, skip the remainder of this block				
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: feet above or below (circle one) l					
Method of Measurement (circle one) <u>steel</u> tape electric tape	air line other:				
Well depth: 12-() Well grouted to a depth of 1() feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: <u>SC</u> feet Casing diameter: <u>IC</u> inches Type of casing: <u>DUC</u>					
Screen length: <u>10</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pro-</u>					
Screen slot size: <u>USC</u> inches Setting depth: From <u>680</u> feet to <u>660</u> feet					
Type of completion (circle all applicable): Gravel packed Underr	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page					
	F	orm: OLWR-SWR-1A (04/08) RECEIVEL			

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SEP 2 5 2013

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The sketch below only required for water wells

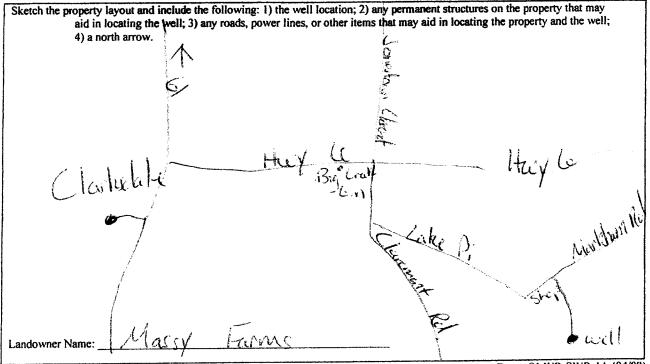


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Description of formations encountered must be	nrovided for all
wells and boreholes, unless specifically exempte	<u>d by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
Coumbo	Ground Level	38
Gumba	20	1 40
, Drix?	40	120
Couse South	රාව	SO 1
Liever area	1 70	100
areal	100	122
]	
		l
]	
		1
	1	

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



Form: OLWR-SWR-1A (04/08)

BY: OLVER

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

RECEIVED laws. 9-12-13 # 5217 ~160 SEP 2 5 2013 Signature of Licensce Print Name of Responsible Licensee and License No. Date

	STATE W	ELL REPORT			
County: intermen		Part 2	For Office Use Only:		
Permit #: <u>CW-471635</u>	Pump Installer's Completion Report Mississippi Department of Environmental Quality		Well #: <u>C-153</u>		
Driller: Joreh Sumper	Office of La	nd and Water Resources	Wett #		
Date completed: <u>9-12-13</u>		2.0. Box 2309 on, MS 39225-2309	Aquifer:		
Copy information from block on Part 1	()	601)961-5210			
	•) 360-0535 (fax)			
This part of the report must be complete of the report must be attached and both					
Well Owner Informati		· Well L			
Owner Name: Massi Far	Latitude: 34-10-55 Long		gitude: <u>71-27-20</u>		
Mailing Address: 1251 Le	Chille Method of Lat/Long (check one): Co		: Conventional Survey,		
		USGS quad, Hand-held Gf			
<u>Clin kidili 1/5</u> City State	<u></u>	111 1/ 516 14, Sec_	<u>30 T 27.1 R C. 200</u> <u>(Nearest Town)</u>		
	-	<u><u> </u></u>			
Telephone No. ()		(Distance) (Direction)	(Nearest Town)		
		be (circle one)			
Submersible Jurbine Air Lift Centrifu	-	-			
Date Pump Installed:	R	lated Pump Capacity:	Gallons Per Minute		
Is This Pump (circle one): New Rep					
		be (circle one)			
Electric Diesel Gasoline Natural Gas		•	1		
Horse Power Rating of Motor:			of Stages:		
0,13,13		for Non Flowing Well	57		
Date Well Tested: <u>4-17-13</u>					
Static Water Level (A): Feet					
Drawdown [(B) - (A)]:F	eet Below Land Surfa	ace Test Pumping Rate:	1200 Gallons Per Minute		
Method of measurement (circle one): Ste					
	Pump Test Data	a for Flowing Well			
Measured shut in head:feet.	15-				
Well yielded <u> </u>	awdown of	feet_after}	nours of pumping		
Meter Installation					
Meter Manufacturer:		Meter Serial Number:	يريم مرور را مري رويو رويو ومي ويوني وي		
Meter Model Number/Name:		Type of Meter:	HECHV-		
Totalizer Register Unit and Multiplier Fac	tor (AF x .001, gal)	< 1000, etc):	SEP 2 5 2013		
Installation Date: M	eter installed by: _				
Is This Meter (circle one): New Repa	aired Replacemer	nt	BY: OUMP		
Important: By submitting the above information you are certifying that this meter was installed to manufacturer 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.					
Joel Jumper 5317 913-17 Jul 4- ner					
Print Name of Pump Installer and License	No. (if applicable)	Date / Signatu	re of Pump/Installer Form: OLWR-SWR-1B (4713)		