| Permit #:   | borehole.  |
|---|--|
| County: Quitman<br>Permit #: GW-48587<br>Driller: Del Jumper<br>Date drilling completed: D2-6-14<br>State Law requires that this report be prepared by the license holder responsible for the<br>Department at the above address within 30 days of completion of drilling of the well or<br>Information on Well Owner<br>(Landowner if borehole is not for a water well)<br>Owner Name Address: 489 High Law 3<br>Mailing Address: 489 High Law 3   | Aquifer: KII7<br>Nell #:<br>S. Elevation:<br>E-log #:<br>work and filed with the<br>borehole.<br>hole Location |
| County:  GW-48587    Permit #:  GW-48587    Driller:  Del    Jumped  P.O. Box 2309    Jackson, MS 39225  Jackson, MS 39225    Date drilling completed:  D-6-14    State Law requires that this report be prepared by the license holder responsible for the Department at the above address within 30 days of completion of drilling of the well or Information on Well Owner    (Landowner if borehole is not for a water well)    Owner Name  Mississippi Department of Environmental Quality    Mississippi Department of Environmental Quality    Owner Name  Mississippi Department of Environmental Quality    Mississippi Department of this report be prepared by the license holder responsible for the well or    Information on Well Owner    Well or Borel    Mailing Addresse:    Mississippi Department at the above address within 30 days of completion of drilling of the well  | Well #:  |
| Permit #:   | Well #:  |
| Driller:  | 2. S. Elevation:<br>E-log #:<br>work and filed with the<br>borehole.<br>hole Location                          |
| Date drilling completed:  Date driling completed:  Date drilling co | e-log #:<br>work and filed with the borehole.<br>hole Location   |
| Date drilling completed:  1 2 0 17  (601)961-5228 (fax)  I    State Law requires that this report be prepared by the license holder responsible for the Department at the above address within 30 days of completion of drilling of the well or Information on Well Owner (Landowner if borehole is not for a water well)  Well or Borel    Owner Name  1011000000000000000000000000000000000   | work and filed with the borehole.  |
| State Law requires that this report be prepared by the license holder responsible for the Department at the above address within 30 days of completion of drilling of the well or Information on Well Owner (Landowner if borehole is not for a water well)<br>Owner Name 1014 Law Law Bore Latitude: 34°4, 48, 9<br>Mailing Address: 489 Hi(h) LAW 3   | work and filed with the borehole.  |
| Department at the above address within 30 days of completion of drilling of the well or<br>Information on Well Owner<br>(Landowner if borehole is not for a water well)<br>Owner Name 10144 Land 400 Latitude: 34°4, 48″<br>Mailing Address: 489 Hi(h) + Ku/3<br>Method of Lat/Long (circle one):   | borehole.  |
| Information on Well Owner<br>(Landowner if borehole is not for a water well)<br>Owner Name TALLY Land High Latitude: 34.9.4.987<br>Mailing Address: 489 High La Kul 3<br>Method of Lat/Long (circle one):   | hole Location  |
| Owner Name Talley Land Managwatt<br>Mailing Address: 489 High 14 kg/ 3 Method of Lat/Long (circle one):   | Longitude: 10, 20, 46"   |
| Mailing Address: 489 High 14 kul 3 Method of Lat/Long (circle one):   |  |
|   |  |
| USGS quad, Hand held G  | -  |
| Tutureler Mr 3843 NEWSEW Sec 30   |  |
| City State Zip Code Distance Direction  | Nearest Town   |
|   | vance  |
| Telephone No. ()  |  |
| Date drilling started: 12-le-14 Date drilling completed: 12-le-14 Hole depth: 108 H<br>Location of the source of any surface water used for drilling: 12-le-14 Hole depth: 108 H<br>Method of dosing and volume of Chlorine used in drilling and development:   | ole diameter:  |
| Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Oth Name of organization running log(s):   | ner:   |
| Purpose of borehole (check one): Water Well_V Geotechnical/Geological Investigation Ground Sc   | ource Heat Pump  |
| Seismic Survey Other ( <i>describe</i> )<br>If drilling is not related to water well construction, skip the remainder of this block   | ······   |
| Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture  |  |
| If a flowing well, method of flow regulation: Valve Other (describe)  |  |
| Static Water Level:feet above or relow circle one) land surface Date measured:  | - 1 II   |
| Method of Measurement (circle one) steel tape electric tape air line other:   |  |
| Well depth: 10% Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  |  |
| Casing length: <u>U</u> feet Casing diameter: <u>U</u> inches Type of casing:   |  |
| Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>6</u> $103$   | puc  |
| Screen slot size: 0170 inches Setting depth: From feet to   | <u>5</u> feet  |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hol   |  |
| Other (describe):   | ·····  |
| Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen,  | describe on next page  |
|   | DEC 2 4 201  |

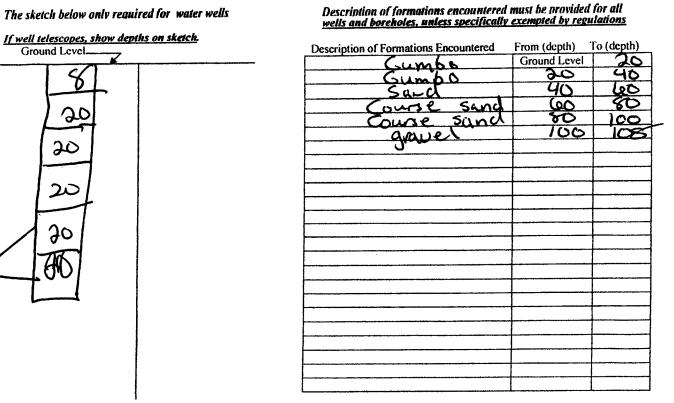
BY: Charles

## The sketch below only required for water wells

H.

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Screen



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.

alley Land Managnerit 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 V

laws. 12-6-14 Jumper 5317 Nor I

Print Name of Responsible Licensee and License No.

Date

MDEC 24 2014 zall 4 Signature of Licensee

BY DEWR

| STATE W  | ELL REPORT   |   |  |
|--|--|---|--|
| county: <u>Quitman</u>   | Part 2   | For Office Use Only:  |  |
|  | r's Completion Report<br>nent of Environmental Quality | Well #: <u>K117</u>   |  |
| Driller: <u>Sel Jumper</u> Office of Lan   | d and Water Resources                                  |   |  |
| Date completed:  | O. Box 2309<br>n, MS 39225-2309                        | Aquifer:  |  |
| Copy information from block on Part 1 (6   | 01)961-5210  |   |  |
|  | 360-0535 (fax)   | un installer A some of Dart 1   |  |
| 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<br>Owner Name: Taller Land Mana   | Well Lo<br>Latitude: 34-4-48 Lon                       | pication<br>gitude: <u>90-20-46</u>   |  |
| Mailing Address: 489 Highway 3   | Method of Lat/Long (check one)                         |   |  |
|  | USGS guad, Hand-held GF                                |   |  |
| Tutwiller Mr 38943 NE 1/5E 1/4, sec 34 T 240NR ODW   |  |   |  |
| City State Zip Code  |  | Dance   |  |
| Telephone No. ()   | (Distance) (Direction)                                 | (Nearest Town)  |  |
| Pump Type (circle one)   |  |   |  |
| Submersibe Air Lift Centrifugal Flowing Well   | Jet Piston Rotary Other (des                           | scribe):  |  |
| Date Pump Installed: 12-12-14 Rated Pump Capacity: 600 Gallons Per Minute  |  |   |  |
| Is This Pump (circle one): New Repaired Replacement  |  |   |  |
| Power Type (circle one)  |  |   |  |
| Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):  |  |   |  |
| Horse Power Rating of Motor: 7.5 Setting Depth: 60 feet Number of Stages: 6  |  |   |  |
| Pump Test Data for Non Flowing Well<br>Date Well Tested: 12-7-14 Duration of Pump Test (minimum 4 hours): 8 hours  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| Method of measurement (circle one): Stoel tape Electric tape Air line Other (describe):<br>Pump Test Data for Flowing Well   |  |   |  |
| Measured shut in head:feet.  |  |   |  |
| Well yieldedGPM with a drawdown of   | feet after   | hours of pumping  |  |
| Meter Installation   |  |   |  |
| Meter Manufacturer:  |  | () the same set of the set  |  |
| Meter Model Number/Name:   |  | الم المعلي الم المعلي الم |  |
| Totalizer Register Unit and Multiplier Factor (AF x .001, gal :  |  |   |  |
| Installation Date: Meter installed by: _   |  | r   |  |
| Is This Meter (circle one): New Repaired Replacemen  |  | $\mathbb{B}_{\mathbf{Y}}$   |  |
| Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.<br>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.   |  |   |  |
| shoel humaner 5217 17-7-14 (1-An   |  |   |  |
| Print Name of Pump Installer and License No. ( <i>if applicable</i> ) Date Signature of Pump Installer   |  |   |  |
| Form: OLWR-SWR-1B (4713)   |  |   |  |

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