	Filler's Log			
County: Ouitman Mississippi Departmen	nt of Environmental Quality	Aquifer:		
Permit #: C WY 8845 Office of Land a	/ IDU 98-4 (Office of Land and Water Resources			
P.O.	P.O. Box 2309			
Driller: Jumpus Jackson	1, IVIS 39223 961- 5210	L. S. Elevation:		
(001)	961- 5210 1- 5228 (fax)	e		
		E-log #:		
State Law requires that this report be prepared by the lic	ense holder responsible for t	he work and filed with the		
State Law requires that this report be prepared by the tell Department at the above address within 30 days of comp	nphani di mimili di mic i con			
Information on Well Owner	774401 20			
(Landowner if borehole is not for a water well)	94. 6 . 19	" Longitude: 90° 11' 8"		
000	Latitude: 11 8 11	Longitude. 1- 17		
Owner Name Babby Glover	Method of Lat/Long (circle or	e): Conventional Survey,		
•		}		
Mailing Address:	N LUSGS quad, Hand-held	GPS, Survey-grade GPS		
P.O. Box 2823				
	36 1 SW4 Sec_ 10	Twn 2CN Rng OLE		
Bluffton SC 29910 City State Zip Code	n: Discussion	Negrest Town		
City State Zip Code	Distance Direction	of Nearest Town of Prowd &		
		01		
Telephone No. ()				
Well / Bore	hole Data			
		-//		
Date drilling started: 18 18 14 Date drilling completed: 10 18	16 Hole depth: 10	Hole diameter: 29		
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and devel	opment:			
Logs run (circle all applicable), No log run Electric Gamma Ray		Other:		
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):		Other: RECEIVE		
Logs run (circle all applicable). No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	***************************************		
Logs run (circle all applicable), No log run Electric Gamma Ray	Density Sonic Neutron	***************************************		
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/Geole	Density Sonic Neutron of Density Sonic Neutron	Source Heat Pump_NOV 3 3 201		
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/Geole	Density Sonic Neutron of Density Sonic Neutron	Source Heat Pump_NOV 3 3 201		
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/Geole Seismic Survey Other (describe If drilling is not related to water well construction	Density Sonic Neutron ogical Investigation Ground n, skip the remainder of this blo	Source Heat Pump_NOV 0 3 201		
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/Geole Seismic Survey Other (describe If drilling is not related to water well construction	Density Sonic Neutron ogical Investigation Ground n, skip the remainder of this blo	Source Heat Pump_NOV 0 3 201		
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State Well Report

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

For Office Use Only:

From (depth)

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground Level	Description of Formations Encountered		o (depth)
	Divh	Ground Level	20
10	Soil	20	00
	Ser,	40	ري
1 20	bout I and	60	SU
	CaulCorise	180	100
) Se	0-3:	130	110
	(SVai)	 	
00		-	
1 00			
) Do			
Scree	_		
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		<u> </u>	
i			
If more than one screen, show location of each on sketch			
Classical design of the fellowing 1) the well	(anotion, 2) any parameter structures on the n	ronerty that may	
Sketch the property layout and include the following: 1) the well aid in locating the well; 3) any roads, power lines, o	rother items that may aid in locating the prop	erty and the well:	
4) a north arrow.	would make may are in to aming me prop		
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		construction of the second sec	
		renien)	
	304 3 00 (ł

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

Print Name of Responsible Licensee and License No.

laws.

The sketch below only required for water wells

If well telescopes, show depths on sketch.

NOV 9 3 2015

BY: OLWP

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

STATE WELL REPORT

County: Ouitman Permit #: 6-W - 48845 Driller: JOEL Jum Par Date completed: 10 10 16 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:	_
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 filed with the Department at the above address within 30 days of well completion. · Well Location Well Owner Information Latitude: 34 & 19 Longitude: 90 L Calover Method of Lat/Long (check one): Conventional Survey____ Mailing Address: P.O. BOX USGS guad ... Hand-held GPS_____ . Survey-grade GPS_ (Distance) Telephone No. (_ Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Gallons Per Minute Rated Pump Capacity: _____ Date Pump Installed: _ Is This Pump (circle one): (New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: feet Number of Stages: _ Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): Date Well Tested: 10 10 B Static Water Level (A): _______ Feet Below Land Surface Pumping Water Level (B): ________ Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: Lo Feet Below Land Surface Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): ____ Pump Test Data for Flowing Well Measured shut in head: _____feet. Well yielded 400 GPM with a drawdown of _ feet after Meter Installation Meter Manufacturer: ______ Meter Serial Number: _____ Meter Model Number/Name: ______ Type of Meter:_____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date: Meter installed by: __ Is This Meter (circle one): New Repaired Replacement 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.

HEREBY CERTIFY that the above statements are true to the best of my knowledge.

TOTAL SUM POST SIZE TO THE Signature of Pump Installer and License No. (if applicable)

Date

Signature of Pump Installer and License No. (if applicable)