	1	Vell Report	For Office Use Onl
County: SUNFLOWERS	Part 1 -	Driller's Log	· · · · ·
Permit #: 6W-49093	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
	P.O. Box 2309		Well#: 5
Driller: JEDDY Cods	Jackson, MS 39225		L. S. Elevation:
Date drilling completed: 4-5-16	(601)961- 5210 (601)961- 5228 (fax)		E-log #:
		t 11	
State Law requires that this report	rt be prepared by the li- within 30 days of com	cense notaer responsible jor (inletion of drilling of the well	or borehole.
Department at the above address within 30 days of com Information on Well Owner		Well or Bo	rehole Location
(Landowner if borehole is not for a water well)		Latitude: 38 41 . 19	" Longitude: 90 . 36.
Owner Name Midnight Su	in Inc IT		
	······	Method of Lat/Long (circle or	e): Conventional Survey,
Mailing Address:		USGS quad, Hand-held	GPS, Survey-grade GPS
P.J. Box 98		NUSGS quad, Hand-held GPS, Survey-grade GPS NUS SEN 14 SED 14 Sec 35 Twn 21 N Rng 0	
Thurse A	15 78753	1	
Invornass M City Stat	te Zip Code	Distance Direction	Nearest Town
•		142 Miles SW	DOCINEL
Telephone No. ()			·
Date drilling started: 4-5-16 Date dri	Well / Bore		
Location of the source of any surface water Method of dosing and volume of Chlorine			
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water We	Electric Gamma Ray	Density Sonic Neutron C	Other: Source Heat Pump
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water We Seismic S If drilling is not related in	Electric Gamma Ray ell Geotechnical/Geol aurveyOther (describe to water well construction	Density Sonic Neutron (ogical Investigation Ground) n, skip the remainder of this block	Diher: Source Heat Pump ck
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Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water We Seismic S If drilling is not related in Purpose of Well (check one): Home In	Electric Gamma Ray ell Geotechnical/Geol aurveyOther (describe to water well construction adustrialPublic Supply	Density Sonic Neutron (ogical Investigation Ground) n, skip the remainder of this block Irrigation Fish Culture	Diher: Source Heat Pump ck Other:
Logs run (circle all applicable): No log run Name of organization running log(s): Purpose of borehole (check one): Water We Seismic S <i>If drilling is not related i</i> Purpose of Well (check one): Home In If a flowing well, method of flow regulation	Electric Gamma Ray ell Geotechnical/Geol furveyOther (describe to water well construction idustrialPublic Supply n: ValveO	Density Sonic Neutron C ogical Investigation Ground () <u>n, skip the remainder of this blac</u> Irrigation Fish Culture ther (describe)	Duher:
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Received

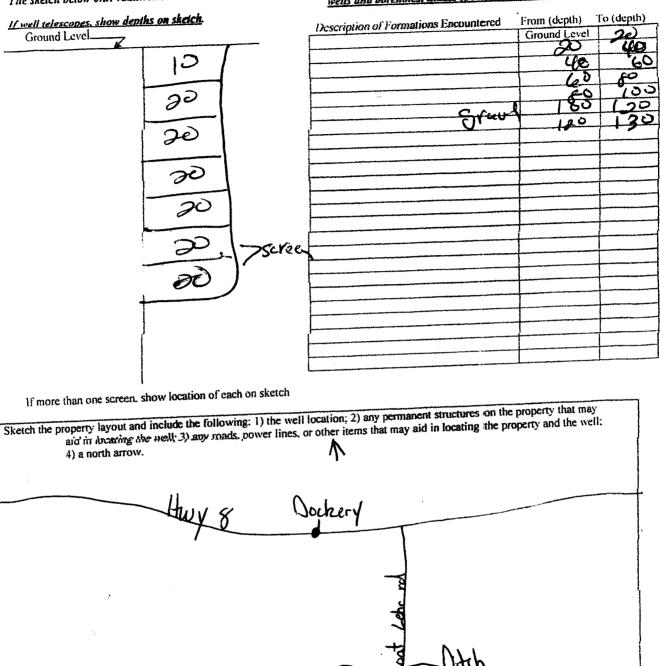
APR 2 2 2016

By OLWR



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



Landowner Name: Midule Su Form: OI.WR-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

Received ad Signature of Licensee

Print Name of Responsible Licensee and License No.

Dut

laws.

5318 4-5-16 Date

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APR 2 2 2016

By OLWR

County: SunFlows Part 2 Permit #: 6 - 49093 Pump Installer's Completion Report Driller: TEDN County: Pump Installer's Completion Report Mississippi Department of Environmental Quality Well #: 1933 Driller: TEDN County: Provide County:
Permit #: <u>6</u> <u>199973</u> Driller: <u>TEDDY</u> <u>Bounds</u> Driller: <u>TEDDY</u> <u>Bounds</u> Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 7309
Driller: 1200 Concert Office of Land and Water Resources
P.O. Box 7309
Jackson, m3 5722 5-2507
Copy information from block on Part 1 (601)961-5210 (601) 360-0535 (fax) (601)
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 Well Location
Owner Name: Midnight sun Inc Thatitude: 33, 41, 19 Longitude: 90 36 5
Mailing Address: P.O. Rox 78 Method of Lat/Long (check one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
<u>Inverness</u> <u>MS</u> <u>38753</u> <u>SW</u> <u>45W</u> <u>4, sec 03</u> <u>721 N</u> <u>ROYW</u> City State Zip Code <u>1</u> <u>Y</u> <u>75</u> <u>75</u> <u>75</u> <u>75</u> <u>75</u> <u>75</u> <u>75</u> <u>75</u>
City State Zip Code 142 wiles SIN of DOCKARY
City State Lip Lode $1\frac{\sqrt{2}}{(Distance)}$ Miles $5\frac{\sqrt{2}}{(Direction)}$ of $0cKry$ (Nearest Town)
Pump Type (circle one)
Submersible Urbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: $4-5-16$ Rated Pump Capacity: 500 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: <u>30</u> Setting Depth: <u>70</u> feet Number of Stages:
Pump Test Data for Non Flowing Well
Date Well Tested: <u>4-5-76</u> Duration of Pump Test (<i>minimum 4 hours</i>): <u>4</u> hours
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: 7 90 Feet Below Land Surface Test Pumping Rate: 600 Gallons Per Minute
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 GPM with a drawdown of feet after hours of pumping
Meter Installation
Meter Manufacturer: Meter Serial Number:
Meter Model Number/Name: Type of Meter:
Fotalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
nstallation Date: Meter installed by:
s This Meter (<i>circle one</i>): 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.
Tom but Tono 1/11 1 1 1000

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