

County: Talbot  
 Permit #: GW-48654  
 Driller: Joel Jumper  
 Date drilling completed: 9-12-15

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A55  
 L.S. Elevation: \_\_\_\_\_  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Double Ditch Hunting Club</u>          Mailing Address: <u>1413 Lounea Avenue</u>  <u>Tupelo Ms 38804</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 05' 04"</u> Longitude: <u>90° 05' 10"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>NE 1/4 NE 1/4 Sec 33 Twn 26N Rng 02E</u>          Distance Direction Nearest Town  <u>6</u> Miles <u>S</u> of <u>Charleston</u></p>
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**Well / Borehole Data**

Date drilling started: 9-12-15 Date drilling completed: 9-12-15 Hole depth: 95 Hole diameter: 24

Location of the source of any surface water used for drilling: Nearest well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*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 \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 9-12-15  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 95 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 50 feet

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*

Replaces GW 13376

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

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: TALLAHASSEE
Permit #: GW-48654
Driller: JOEL JUMPER
Date completed: 9-12-15
Copy information from block on Part 1

For Office Use Only:
Well #: A55
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 Owner Information: Owner Name: DOUBLE DEICH HUNTERS CLUB, Mailing Address: 1413 JOYNER AVE, TUPALO MS 38804, Telephone No. (662) 401-7336
Well Location: Latitude: 90° 05' 10", Longitude: 34° 05' 04", Method of Lat/Long: Conventional Survey, USGS quad: NE 1/4 NE 1/4, Sec 33 T 26N R 02E, 5.2 Miles N of CHARLESTON

Pump Type (circle one): Turbine
Submersible Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 9-14-15 Rated Pump Capacity: 1200 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one): Diesel
Electric Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 40 Setting Depth: 50 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
Date Well Tested: Duration of Pump Test (minimum 4 hours):
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 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:
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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-752P 9-24-15
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

14-0998