county: Walthaw	STATE V	VELL REPORT Part 1	For Office Use Only:			
Permit #:	Driller's Log		well #:			
	Mississippi Departm	ent of Environmental Quality d and Water Resources	Aquifer:			
Driller: Titzyevald well Severie	P.	O. Box 2309	E-Log #:			
Date drilling completed: 11-14-13		n, MS 39225-2309				
	•	01)961-5210 )360-0535 (fax)				
State Law requires that this report Department at the above address v	he prepared by the l	icense holder responsible for t upletion of drilling of the well	or vorenota			
Well Owner Informat	Hon	Well or Bor€	ehole Location			
(Landowner if borehole is not for Owner Name: Sargia Huber	a water well)		ngitude: <u>60° 10´ 47.3´´</u>			
Mailing Address: west Sunny H	1.11 Kd		e): Conventional Survey,			
,			GPS, Survey-grade GPS			
Tyledoun mg City State			3 T3N RICE			
City State	Zip Code	Miles	of (Nearest Town)			
Telephone No. ()		(Distance) (Direction)	(Nearest Town)			
	Electric Gamr	na Ray Density Sonic Neuto    Cal/Geological Investigation	Ground Source Heat Pump			
If drilling is not re	elated to water well c	onstruction, skip the remaind	er of this block			
Purpose of Well (circle all applicable)	: Home Industrial	Public Supply Irrigation	Fish Culture			
Other (describe):						
If a flowing well, method of flow reg	ulation: Valve	Other (describe)	11-14-12			
Static Water Level: <u>93</u> fe						
Method of measurement (circle one): Speel tape Electric tape Air line Other (describe):						
	Well depth: 6(30 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  Casing length: 120 feet Casing diameter: 4" inches Type of casing: Proc					
Casing length:feet	casing diameter:	inches Type o				
Screen length: 10′ feet Screen diameter: 41′ inches Type of screen: 500						
Screen slot size:   Inches Setting depth. From						
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development						

If telescoped or more than one screen, describe on next page

Other (describe):

Top of lap pipe or reduction in casing:

Form: OI WR-SWR-1A (4/13)

e sketch below only required for water wells  well telescopes, show depths on sketch.  Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations  Description of Formations Encountered From (depth) To (depth)	CARADIA.		Tr.	or Office Use	Only:
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.  Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.  Description of Formations Encountered From (depth) To (depth)  Cluy: O 20  Sound: 20  Cluy: Yo 50  Cluy: IO0 (10  Cluy: I	County: Walthau'				
and boreholes, unless specifically exempted by regulations  Description of Formations Encountered From (depth) To (depth)  From (depth) To (depth)  Ground level    Clary			<u>L</u>	, , , , , , , , , , , , , , , , , , ,	
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nore than one screen, show location of each on 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 property and the well 3) any roads, power lines, or other items that may aid in locating the property and the well 4) north arrow	<u> </u>				20
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Land Contract Comback	1) the well location 2) any permanent structures or 3) any roads, power lines, or of 4) north arrow	Tuyess Rd	n locating the property and the well		
downer Name: Gerson Cumbel	1) the well location 2) any permanent structures or 3) any roads, power lines, or of 4) north arrow	Tuyess Rd	n locating the property and the well		
EREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable suitements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations,	andowner Name: Crydia Colorements of the Well location  2) any permanent structures or 3) any roads, power lines, or of 4) north arrow	Tuyess Rd	constructed, and completed in accord	ance with all app artment of Healti	licable h regulations,
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## STATE WELL REPORT

## Pump Insta

County: Walthan

Driller: Fitzgrald Will ferce

Copy information from block on Part 1

Date completed: 11-14-13

Permit #:

## Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

Part 2

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

For Office Use Only:				
Well #:				
Aquifer:				

	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Sergia Litarher	Latitude: 310 15 433 Longitude: 900 10 47.3				
Owner Name: Sergia hopmher?  Mailing Address: Lest Summyhol Rd;	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Yeloun Ms. City State Zip Code	¼¼, Sec T R				
·	<u> </u>				
Telephone No. ()	Miles of (Distance) (Nearest Town)				
Pump Typ	oe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 11-14-13	Rated Pump Capacity: 12				
Is This Pump (circle one): New Repaired Replacemen	nt				
Power Ty	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win					
Horse Power Rating of Motor: 344 Setting Dept	h: 120′ feet Number of Stages: 12′				
Pump Test Data	for Non Flowing Well				
Date Well Tested:	Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate:Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric ta	pe Air line Other (describe):				
Pump Test Date	a for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours 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.					
Print Name of Pump Installer and License No. (if applicable)  Date  Menature of Pump Installer  Date  Date					
Print Name of Pump Installer and License No. (if applicable)	Date %gnature of Pump Installer Form: OLWR-SWR-1B (4/13)				
	+ OI 11: OL 11 N- 34 N- 10 (47 13)				