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Casing length: <u>130</u> feet Casing diameter: <u>4</u> inche	r line other:
	t (circle one): Neat Cement Bentonite
	s Type of casing: \underline{PVC}
creen length: / / reet Screen diameter: / inche	
	s type of screen. <u>FUL</u>
creen slot size:	
ype of completion (circle all applicable): Gravel packed Underreamed	Telescoped Open hole Natural Development
Other (describe):	
op of lap pipe or reduction in casing:feet. If telescope	l or more than one screen, describe on next page

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.1.

The sketch below only required for water wells

If well telescopes, show dept	hs on sketch.
Ground Level	

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

Description of Formations Encountered	From (depth)	lo (depth)
	Ground Level	T
	6.04	17
Tap Soil	<u> </u>	
Cil Ala		85
Tal 09 11/4		00
Situde Clary Situde Clary		
SAUC	85	140
7.700		
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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. dA MAIK R to leite w E well 48 Ater tonier Toney JONES 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 state

laws. Well Ser 10/21/08 Jord

Signature of Licensee RECEIVED

Print Name of Responsible Licensee and License No.

Date

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	STATE WE	LL REPORT	
County: 11 AITHAIL		rt 2	For Office Use Only:
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality		Aquifer:
Driller: T.C. SUMVAN	Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210		
			Well #: 4-49
Date completed: <u>10/2//08</u>			Elevation:
Copy information from block on Part 1		-5228 (fax)	
This part of the report must be completed	by a licensed water well c	ontractor or a licensed pump	p installer. A copy of Part 1 of the
report must be attached and both parts fil Well Owner Informat			full Location
Numer Namer Tour	05	L atitude:	Longitude:
Dwner Name: <u>JOAY</u> <u>JOA</u> Mailing Address: <u>39</u> <u>JA</u>			
Mailing Address: 39 404 1	AVK K	Method of Lat/Long (check	one): Conventional Survey,
Tulertown,	115.	USGS quad, Hand-he	ld GPS, Survey-grade GPS
		¹ / ₄ ¹ / ₄ Sec	<u>8 t / r /3</u>
City State	Zip Code	Distance Direction	Nearest Town
Felephone No. (985 848 - 2	692	<u> </u>	of ty/ertow.
D	·····		
Pump Type Circle one		1	Power Type Circle one
Air Lift Jet 🗸	Submersible	Diesel Engine Gaso	line Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Han	d Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Othe	er (specify):
Other (specify):		Horse Power Rating of Mot	or:
Date Pump Installed: <u>10/21/08</u>		Setting Depth:	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	15
Pump Test Data		Method of N	Aeasuring Water Level Circle one
Date Well Tested: <u>[C/21/C8</u>			
Static Water Level (A):		Air Line Electric M	leasuring Line Steel Tape
Pumping Water Level (B):Feet		Other (specify):	
Drawdown [(B) – (A)]: Feet		For flowing well, measured	shut in head:feet
Test Pumping Rate:	1	-	GPM with a drawdown of
-			
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping
HEREBY CERTIFY that the above staten	ants are true to the heat of	my knowledge	γ
(e^{1} -508		10/
	$(\langle \cdot \rangle \sim \langle \cdot \rangle \times \langle \cdot \rangle \times \langle \cdot \rangle \times \langle \cdot \rangle \rangle $ \langle \cdot \rangle \times \langle \cdot \rangle \rangle	1 Marken	to an
Frint Name of Pump Installer and License N		Signature of Pump	Installer

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