State	e Well Report			
County: Amile. 00>	Part 1	For Office Use Only:		
Mississippi Depart	ment of Environmental Quality	Aquifer:		
	nd and Water Resources O. Box 10631	Well #: <u>N-133</u>		
Jackso	n, MS 39289-0631	L. S. Elevation:		
	501)961-5210			
	1)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared by	the driller in detail and filed v	vith the Department within		
30 days of completion of drilling of the well.				
Well Owner Information	Wei	Well Location		
wher Name LANY D'XUN'	Latitude:''	_" Longitude:^_""		
lailing Address: S Dixon Rd.	Method of Lat/Long (circle o	ne): Conventional Survey,		
······		I GPS, Survey-grade GPS		
hiberty MS- City State Zip Code	14 14 Sec_29	Twn 2N Rng 4E		
State State State Selephone No. ()	Distance Direction 3 Miles South	Distance Direction Nearest Town <u>3</u> Miles South of Liberty,		
-		/		
	Vell Data			
Purpose of Well (circle one) (Home) Industrial Public Supp	ply Irrigation Fish Culture	Other:		
Date well drilling started: $3 - 9 - 05$	Date well drilling completed:3	-9-05,		
f flowing, method of flow regulation: Valve Oth	ner (describe)	<u> </u>		
Static Water Level: <u>95</u> feet above or below (circle of	one) land surface Date measured:	3-9-05,		
Method of Measurement (circle one) steel tape electric	tape air line other:			
Hole depth: 115 Well depth: 115				
Type of grout (circle one): Cement Bentonite	Mix			
Casing length: <u>105</u> feet Casing diameter: <u>4</u>	inches Type of casing:			
Screen length:feet Screen diameter:	inches Type of screen:	Ave		
Screen slot size: , CIDinches Setting depth: Fr	rom 105 feet to	115 ⁻ feet		
Type of completion (circle all applicable): Gravel packed U	Inderreamed Telescoped Ope	n hole Natural Development		
Other (describe):		·		
Fop of lap pipe or reduction in casing:feet.	If telescoped or more than one sc	reen, describe on back of page		
Logs run (circle all applicable): No log run Electric Gamma	a Ray Density Sonic Neutron	Other:		
Name of organization running log(s):		·		
I certify that the well was drilled, constructed, and complete	••	•		
Department of Environmental Quality and/or the Mississipp	i Department of Health regulation	s and state laws.		
Brad Enterenald 024.	Bred	Etyald		
Print Name of Water Well Contractor and License No.	Signature of	of Water Well Contractor		
		RECEIVE		

MAR 3 1 2005 BY: OLVVR

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

If well talog comes about deaths and	h h	reas and oorenoies, amess specificant	exempted by reg	MIMITUNS
If well telescopes, show depths on sa Ground Level	<u>Keich.</u> <u>N- 1</u> 33	Description of Formations Encountered	From (depth)	To (depth)
			Ground Level	
		clay,	0	20
		Sund.	20	60
		- Grave -	60	80 10
		cluyr,	80	10
		larse Sand typanel	40	115
f				

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
and in locating the well: 3) any roads nower lines or other items that may aid in locating the property and the well.
4) a north arrow. $(1, 2)$ and
$\langle //$
/ //
Sec &
for whome
Salue
(5 ⁸)
Landowner Name: LARY DIXON

Form: OLWR-SWR-1A

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.

BIAd Fitzgerald 024 3-23-05,

Signature of Licensee

RECEIVED MAR 3 1 2005 BY: OLWP

Print Name of Responsible Licensee and License No. Date

× •	STATE WI	ELL REPORT		
County: Ante	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631		For Office Use Only:	
Permit #: Driller: Frage/AL hell Sorce				
Date completed: <u>3-9-05</u> ,	Jackson, MS 39289-0631 (601)961-5210		Well #: <u>N-133</u>	
	(601)354-6938 (fax)		Elevation:	
This report should be prepared by the installation of pump.		ll and filed with the Departmer	nt within 30 days of the	
Well Owner Informatio			I Location	
Owner Name: At IN O. xon		Latitude:	_Longitude:	
Mailing Address: Sofxon RJ,	Method of Lat/Long (circle one): Conventional Survey,	
- 1 /		USGS quad, Hand	l-held GPS, Survey-grade GPS	
hiberty MS, City State	Zip Code	1414 Sec_24	<u>7 Twn 2N Rng 4E</u>	
ong ond	Zip Coue	Distance Direction		
Telephone No. ()		<u>3</u> Miles Sauth. o	f_h.bety	
Ритр Туре	······································	Por	wer Type	
Circle one			ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	1	(specify):	
Other (specify):			12	
Date Pump Installed: <u>3-9-05</u>		Setting Depth:/0	feet	
Rated Pump Capacity:	Jallons Per Minute	Number of Stages:		
Pump Test Data			asuring Water Level	
Date Well Tested:	_	Air Line Electric Mea	suring Line Steel Tape	
Static Water Level (A):Feet B		Other (specify):		
Pumping Water Level (B):Feet Be			Тайтанан арал арал арал арал арал арал арал	
Drawdown [(B) – (A)]:Feet B	elow Land Surface	For flowing well, measured sh	ut in head:feet	
Test Pumping Rate:G	Gallons Per Minute \sim	Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping	
	· · · · · · · · · · · · · · · · · · ·			
I HEREBY CERTIFY that the above statement		f my knowledge.		
Print Name of Pump Installer and License No	02G; . (if applicable)	Signature of Pump In	staller proruir	
			HEUEIVE	
			MAR 3 1 20	

BY: OLWF