State W	ell Report	
1 /1 /	Oriller's Log	For Office Use Only:
County: Fall 1 - I	at of Environmental Quality	Aquifer:
	and Water Resources	Aduler
	Box 10631	Well #: Q- 35
	4S 39289-0631	L. S. Elevation:
	961-5210	L. S. Elevation.
(601)35	4-6938 (fax)	E-log #:
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	ense holder responsible for t pletion of drilling of the well	he work and filed with the
Information on Well Owner		rehole Location
(Landowner if borehole is not for a water well)		
Owner Name Ned GANTER	Latitude:°'	" Longitude:'"
Mailing Address: Cope Rd.	Method of Lat/Long (circle on	e): Conventional Survey,
		GPS, Survey-grade GPS
Centeralle ms	¼¼ Sec_36	Twn IN Rng 2E
City State Zip Code	Distance Direction Miles 50410	Nearest Town
Telephone No. ()	Willes	or Feedle All
Well / Bore	hole Data	
Date drilling started: 1-22-05 Date drilling completed: 1-22-	CS Hole depth: 180	Hole diameter: 8"
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	opment:	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron (Other:
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump
Seismic Survey Other (describe) If drilling is not related to water well construction		ck
Purpose of Well (check one): HomeIndustrial Public Supply	Irrigation Fish Culture _	Other:
If a flowing well, method of flow regulation: Valve Or	ther (describe)	
Static Water Level: 57 feet above or below (circle one) land surface Date measured: 1122-05.		
Method of Measurement (circle one) steel tape electric tape	air line other:	
	of grout (circle one): Neat Ceme	
Casing length: 170 feet Casing diameter: 4"	_inches Type of casing:	PVC
Screen length: 10 feet Screen diameter: 4"		Puc
Screen slot size:inches	170 feet to	feet feet
Type of completion (circle all applicable): Gravel packed Underr	reamed Telescoped Open l	nole Natural Development

Other (describe):

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

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

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The sketch below only required for water wells	Description of formations encountered wells and boreholes, unless specificall	t must be provide	d for all
If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
		Ground Level	
	Cluy	1 20	30
	S orld,	30	60
	S/w/,	60	80
	- The Stand	100	σs
	Cluy	185	<u> </u>
	Time Sand	135	165
	Louse Sund	163	180
	l	1	Í

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location aid in locating the well; 3) any roads, power lines, or other 4) a north arrow.	
Hou	se. I @ Le nell
lopell Rd,	
Landowner Name: Ned Gaukser.	
	Form: OLWR-SWR-1A
I certify that the well/borehole was drilled, constructed, and complete	
Mississippi Department of Environmental Quality and the Mississipp	i Department of Health regulations, if applicable, and state
Bead Etzgeral A Dar 11-22-1	s. BudStyll
Print Name of Responsible Licensee and License No. Date	Signatur of Licensee
	RECEIVED

STATE WELL REPORT

County: Ante

Pump Installer's Completion Report

For Office Use Only:	
Aquifer:	
Well #: 4-35	
Elevation:	

Driller: Extremella La La Completed: Indicate on policition of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (60)1961-5210 (60)1961-5210 (60)19354-6938 (fax) 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: Med G a Med. Method of Lat/Long (check one): Conventional Survey. USGS quad. Hand-held GPS. Survey-grade GPS. V. Sec. 36 T. IN. R. JE. Distance Direction Nearest Town Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Il-2-05. Rated Pump Capacity: Q Gallons Per Minute Pump Test Data Pump Test Data Pump Test Data Pump Test Data Drawdown (B) - (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Pumping Rate: Gallons Per Minute Other (specify): Feet Below Land Surface For flowing well, measured shut in head: GPM with a drawdown of Jump Installer and License No. (if applicable) Form: OLWR-SWR-16 Form: OLWR-SWR-	Permit #: Mississippi Departme	ent of Environmental Quality Aquifer:
Converting Con	1 5 m 42 2 > COM IN U.F.I. VENERI	Pov 10631
Core information from block an Part 1 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 20 days of well completion. Well Orner Information Owner Name: Med Gauter. Mailing Address: Copell Rd. Method of LavLong (check one): Conventional Survey. USGS quad. Hand-held GPS. Survey-grade GPS. Well South of Carley Rd. Distance Direction Nearest Town Circle one Air Lift Jet Submersible Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Date Pump Installed: 1-2-05. Rated Pump Capacity: 12 Gallons Per Minute Pump Test Data Pump Test Data Pump Test Data Pump Test Below Land Surface Drawdown [(B) - (A)]: Feet Below Land S	Date completed: 1-22-05 Jackson,	
Telephone No. Distance Distan	(601)3	/ Dlamatica.
report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Order Information Owner Name: Well C. G. Latter. Mailing Address: C.	Copy information from block on 1 art 1	
Well Owner Information Owner Name: Well Cauther Mailing Address: Cool Rel Mailing Address: Cool Rel Method of Lat/Long (check one): Conventional Survey Method of Lat/Long (chek one): Conventional Survey Method of Lat/Long (chek one): Conventional Survey Method of Lat/Long (chek one): Conventiona		
Method of Lat/Long (check one): Conventional Survey		
USGS quad	Owner Name: Wed Gauther	Latitude:Longitude:
Name Note Note Natural Gas	Mailing Address: Copel Rd)	Method of Lat/Long (check one): Conventional Survey,
Name Note Note Natural Gas		USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (Conferable my	
Pump Type Circle one Diesel Engine Gasoline Engine Natural Gas Diesel Engine Submersible Diesel Engine Circle one Diesel Engine Circle one Diesel Engine Natural Gas Diesel Engine Natural Gas Diesel Engine Circle one Diesel Engine Natural Gas Diesel Engine Circle one Diesel Engine Circle one Natural Gas Diesel Engine Circle One Diesel Engine Circle One Natural Gas Diesel Engine Circle One Diesel Engine Circle One Natural Gas Diesel Engine Circle One Diesel Engine Circle One Natural Gas Diesel Engine Circle One Diesel Engine Circle One Natural Gas Diesel Engine Circle One Diesel Engine Diesel Engine Circle One Diesel Engine Circle One Diesel Engine Circle One Diesel Engine Diesel E		
Pump Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Date Pump Installed: (-1-)-05	•	Distance Direction Nearest Town
Pump Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Date Pump Installed: (-1-)-05	Telephone No. ()	Miles South of Centerally
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):		
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Pump Type	Power Type
Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify):		7-
Centrifugal Rotary Flowing Well Other (specify):	Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Other (specify):	Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Setting Depth:	Centrifugal Rotary Flowing Well	Windmill Other (specify):
Setting Depth:	Other (specify):	Horse Power Rating of Motor: 3/4
Pump Test Data Method of Measuring Water Level Circle one		· ·
Pump Test Data Date Well Tested:		·
Circle one Date Well Tested: Static Water Level (A): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Drawdown [Read of the company o	Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Circle one Date Well Tested: Static Water Level (A): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Drawdown [Read of the company o		
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 Duration of Pump Test (minimum 4 hours):hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. BYAN FARM ONLY Print Name of Pump Installer and License No. (if applicable) Air Line Electric Measuring Line Steel Tape Other (specify):	Pump Test Data	1
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 Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. BAREFURA OPP Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Data Wall Tastad:	-
Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Date Well Tested.	Alaying Plantic Managing Line Gual Trans
Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. BAREFY CALLO ONLY Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		Air Line Electric Measuring Line Steel Tape
Duration of Pump Test (minimum 4 hours):hourshourshours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. BAREFORM ONLY Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Static Water Level (A):Feet Below Land Surface	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. BACE For a Color Be Shaper Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Brad Edgerald Oder Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface	Other (specify): For flowing well, measured shut in head:feet
Brad Edgerald Oder Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	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	Other (specify): For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of
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Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	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 Duration of Pump Test (minimum 4 hours):hours	Other (specify): For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown offeet afterhours of pumping
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	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 Duration of Pump Test (minimum 4 hours):hours I HEREBY CERTIFY that the above statements are true to the best BACKFORM A COUP	Other (specify): For flowing well, measured shut in head:feet Well yielded GPM with a drawdown of hours of pumping of my knowledge. Signature of Pump Installer

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