	Mississippi Departmen Office of Land a P.O. E Jackson, M (601) (601)35	port and Well Log t of Environmental Quality nd Water Resources Box 10631 IS 39289-0631 961-5210 4-6938 (fax) driller in detail and filed with	For Office Use Only:    Aquifer:			
30 days of completion of drill Well Owner Infor		Well	Location			
Owner Name CLAN ton Lindsay		Latitude: <u>32° 57.167</u> Longitude: <u>89°35.141</u>				
Mailing Address: 1.0. Box	176	Method of Lat/Long (circle or	ne): Conventional Survey,			
	Ms  38925    State  Zip Code	SE 1/4 NW 1/4 Sec 28	$\sqrt{Twn/3} \frac{1}{Rng} \frac{7}{E}$			
Telephone No. (6/32) 417 - 3	597	Milesk	Nearest Town of Williamsville water 390'			
	Well	<u> </u>	vatur 390'			
Well DataPurpose of Well (circle one) Home Industrial Public Supply Trigation Elsh Culture Other:Date well drilling started: $/2 - 7 - 04$ Date well drilling completed:Date well drilling started: $/2 - 7 - 04$ Date well drilling completed:Date well drilling started: $/2 - 7 - 04$ Date well drilling completed:Date well drilling started: $/2 - 16 - 04$ Arr HoseIf flowing, method of flow regulation: Valve Other (describe)Static Water Level: $/7$ feet above or below (circle one) land surfaceDate measured: $/2 - 16 - 04$ Arr HoseMethod of Measurement (circle one)steel tapeelectric tapeAir lineother:						
	Other (describe):		·····			
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): Log run Electric Gamma Ray Density Sonic Neutron Other:						
Name of organization running log(s):						
I certify that the well was drilled, constructed Environmental Quality and/or the Mississippi David S. Thomas Print Name of Water Well Contractor	Department of Health regulatio	ns and state laws.	Mon			
Print Name of Water Well Contractor a	ulu License No.	Signature of	Water Well Contractor			

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If well telescopes please sketch below and show depths.

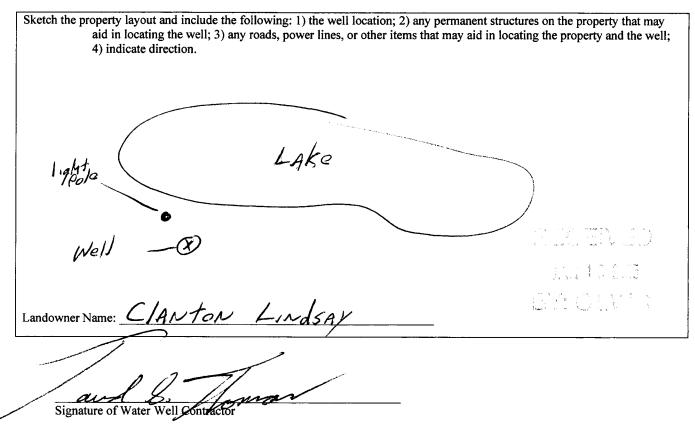
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Ground Level	>-76	Description of Formations Encountered	From To		
		Dirt & Clay	09		
		SAND & CLAY	9 14		
		White SANd	14 42		
		Gray CLAY	42 43		
		· · · · · · · · · · · · · · · · · · ·			
		- 10F BOTO			
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If more than one screen, show location of each on sketch



		ELL REPORT	e.7		
County: AttAlA	-	eart 2 Completion Report	For Office Use Only:		
Permit #: Driller: <u>Thamps</u> Drilling Date completed: <u>12-11-04</u>	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631		Aquifer: Well #: Elevation:		
	(601)	48 39289-0631 961-5210			
(601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the					
installation of pump. A copy of Part 1 of this report mu Well Owner Information			t. Il Location		
		Latitude: 32 57, 189 Longitude: 89 35, 141			
Owner Name: <u>Clanton Lindsay</u> Mailing Address: <u>Boy 196</u>		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Ha	and-held GPS, Survey-grade GPS		
Duck Hill	<u>M5</u> <u>38925</u> State Zip Code		28 Twn/3N Rng 7E		
		Distance Direction	Nearest Town		
Telephone No. (662) 4/17 - 3577		5 Miles South of ////AMSWILC			
Pump Ty			wer Type		
Circle on	e	C	Circle one		
Air Lift Jet	Submersible	Diesel Engine Gaso	bline Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Han	d Tractor PTO		
Centrifugal Rotary	Flowing Well	1	er (specify):		
Other (specify):		Horse Power Rating of Mot	tor: 2		
Date Pump Installed: 12 - 17	-04	Setting Depth: 40 W draw dow steet			
Rated Pump Capacity:7	Gallons Per Minute	Number of Stages:			
Pump Test I	Data	Method of Me	easuring Water Level		
Date Well Tested: $12 - 17 - 021$			Sircle one		
.0		Air Line Electric M	leasuring Line Steel Tape		
Static Water Level (A): Pumping Water Level (B):	Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]: 2-0+	Feet Below Land Surface	For flowing well, measured	shut in head:feet		
Test Pumping Rate: <u>/ 2</u> Gallons Per Minute		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 David 5. Momas Print Name of Pump Installer and Lie	0-141	st of my knowledge. Signature of Pump Inst	Mennatler		

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