Permit #:	Office of Land and	Water Resources	F. QF
Driller: Wilson Well Co.	P.O. Box		Well #: <u>E - 95</u>
	Jackson, MS	39289-0631	L. S. Elevation:
Date drilling completed: 3/1/05	(601)96	1-5210	D. O. Die vittori
	(601)354-6	938 (fax)	E-log #:
Dilson Well Company			
State Law requires that this repo	ort be prepared by the dr	iller in detail and filed w	ith the Department within
Well Owner Informa		Well	Location
Owner Name Kussell 61050	. L	atitude:°'	" Longitude:°"
Mailing Address: 983 Palestin	ne core	lethod of Lat/Long (circle on	e): Conventional Survey, 22
		USGS quad, Hand-held	GDE Wilmay brade GDS
mili al	4 63/1/7	/ / .	/ ~ W.
Michigan City D City State	15 3864/	¼ ¼ Sec <u>3/</u>	Twn 425 Rng R/E
City / Stat	te Zip Code	iotomos Dissolia	Name of Taxaba
Telephone No. (662) 224-618	7	istance Direction Miles North	of ASA IANO
		983 PAlest	
	Well Data	a	
Purpose of Well (circle one) Home Indu	ustrial Public Supply In	rigation Fish Culture	Other:
Date well drilling started: 2/25	Date well	drilling completed: 3/1/	65
If flowing, method of flow regulation: Valv	ve Other (desc	ribe)	
Static Water Level: 40 feet abo	ove o below (kircle one) land	surface Date measured:_	3/1/05
Method of Measurement (circle one) ste	eel tape electric tape	air line other: PV	e Pipe
Hole depth: 85 Well dep	oth: <u>85</u>	Well grouted to a depth of _	/ <i>O</i> feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length:feet Casin	g diameter:ii	nches Type of casing:	Plastic Pue
Screen length: 10 feet Scree	en diameter:4 4i	nches Type of screen:	Plastic Pue
Screen slot size:inches	Setting depth: From	75 feet to <u>8.</u>	feet
Type of completion (circle all applicable):	Gravel packed Underrear	ned Telescoped Open l	nole Natural Development
	Other (describe):	t	
Top of lap pipe or reduction in casing:	feet. If telesc	oped or more than one scre	en, describe on back of page
Logs run (circle all applicable): No log run	Electric Gamma Ray D	ensity Sonic Neutron (Other:
Name of organization running log(s):			- ·
I certify that the well was drilled, constru	icted, and completed in acco	rdance with all applicable r	equirements of the Mississippi
Department of Environmental Quality an			•
Wilson well Co	INC 0418		Polit.
<u> </u>			
Print Name of Water Well Contractor and L	License No.	Signature of	Water Well Contractor
			OFCENED

State Well Report

Part 1

County: Beston 609

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MAR 1 5 2005

BY: OLWA

Ground Level		
	·	
•••		
	, .	

Description of Formations Encountered	From	To_
RED CLAY	0	20
RED SAND COARSE	20	40
Rad SAND, MEd.	40	60
White Stad MEd.	60	85
GRAY Clay	-85	
	-	
		
		
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		;

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

aid	ty layout and include the following: 1) in locating the well; 3) any roads, power indicate direction.	the well location; 2) any permanent structur er lines, or other items that may aid in location	es on the property that may ng the property and the well;
ω	Hay 72	Chusch Chusch	E
Landowner Name	PERRY S RUSSELL GIBSON	Chapel Rd	•

Signature of Water Well Contractor

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BY: OLWR

Secretary of the second of the

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Medical Department of Booksyke Resource.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:	
Aquifer	
Well#: <u>E - 95</u>	
Elevation:	

Date completed.	•	961-5210	Elevation:
Copy information from block on Part 1	(601)354-6938 (fax)		
This part of the report must be completed by report must be attached and both parts filed	l with the Department o	it the above address within 30 d	lays of well completion.
Well Owner Information			Il Location
Owner Name: Russell Gibson		Latitude:	_Longitude:
Mailing Address: 983 PA/ES + 18	ve Cove	Method of Lat/Long (check o	ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
Michigan City MS City State	38647	¼¼ Sec & I	/ T 25 R / E
City	Zip code	Distance Direction	Nearest Town
Telephone No. (662) 224-6/8/		St Miles Wolth o	of Ashland stiwe cove
Pump Type Circle one			wer Type Circle one
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well		(specify):
Other (specify):		1 · · · · · · · · · · · · · · · · · · ·	- 3 /4 HP
Date Pump Installed: 3/1/05		Setting Depth: 80	feet
Rated Pump Capacity: 10 (Gallons Per Minute	Number of Stages:	
Pump Test Data Date Well Tested: 3/1/05			easuring Water Level Circle one
		Air Line Electric Mea	asuring Line Steel Tape
Static Water Level (A): 40 Feet B		Other (specify): PUC	Pipe
Pumping Water Level (B):Feet B			•
Drawdown [(B) – (A)]:Feet B	selow Land Surface	For flowing well, measured sl	hut in head:feet
Test Pumping Rate:O	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 stateme	P	1/00	
Print Name of Pump Installer and License No	o. (if applicable)	Signature of Pump Ir	nstaller Form: OLWR-SWR-1
			02

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MAR 15 2005

BY: OLWA