MARSHALL C		
	/ell Report	
	Part 1 For Office Use Only:	
Permit #: Benton Mississippi Departmen	t of Environmental Quality Aquifer:	
	and Water Resources Box 10631 Well #: 436	
	IS 39289-0631 L. S. Elevation: <u>N. 28</u>	
	961-5210	
(601)35	4-6938 (fax) E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within	
Well Owner Information	Well Location	
Owner Name_ Richard Litwa		
Mailing Address: 911 CArn4 fior Drive	Latitude: <u>34° 39</u> '29" Longitude: <u>89° 17' 29</u> " Method of Lat/Long (circle one): Conventional Survey,	
	Memori of Eaveong (chere one). Conventional Survey,	
- D	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	<u>SE 14 SW 14 Sec_ From 55 Rng /W</u>	
Telephone No. (12) 393 - 9922	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>10775</u> Cqmp	
Well I	Data	
Purpose of Well (circle one Home Industrial Public Supply Date well drilling started: Date v		
If flowing, method of flow regulation: Valve Other (de		
Static Water Level: feet above of below, (circle one) la		
\bigcirc	and surface Date measured:	
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 675 ft- Well depth: 675 ft-	Well grouted to a depth offeet	
Type of grout (circle one): Cement Bentonite)	
Casing length: <u>410</u> feet Casing diameter: <u>4"</u>	_inches Type of casing: PUC	
Screen length: <u>50</u> feet Screen diameter: <u>2</u> "	inches Type of screen: <u><u><u></u><u><u></u><u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u>	
Screen slot size: . 0 /o inches Setting depth: From	615 feet to 665 feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development		
Other (describe):		
Top of lap pipe or reduction in casing:feet. If tele	escoped or more than one screen, describe on back of page	
Logs run (circle all applicable): No log run Electric Gamma Ray		
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in ac		
Department of Environmental Quality and the Ministry in the	coruance with an applicable requirements of the Mississippi	
Department of Environmental Quality and/or the Mississippi Depa	rtment of Health regulations and state laws.	
Leeper Drilling # 0079	A P. I	
	- Kijana /	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	
	RECEIVED	
	DEL 15 2005	

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If well telescopes please sketch	below and show depths.		X	
Ground Level		Description of Formations Encountered	From	То
		Topelay	0	24
	. 140 STATIC	Blue Clay	20	90
WY LT	. 190 21411-	Upper San D	90	160
	4	BlACK Clay	160	40
1 12	-410 pt 4	CHACK	400	610
	-410 pt 4" fue casing	SANC	610	675
				<u> </u>
	- 50 ft 2" Puc screen - 0/0 slop			
	_ 50+1 2			1
11-	Puc Screen			
8	rola slot			1
				+

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) indicate direction. K C well ttom CARNATION Drive ichard Lit Landowner Name: Signature of el Contractor RECEIVED

DEC 15 2005 BY: OLWR

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· MARSHall Co - STATE V	VELL REPORT
County: BESCON Pump Installe	Part 2 For Office Use Only:
Mississippi Departm	er's Completion Report nent of Environmental Quality Aquifer:
Childe of Each	and and Water Resources
Jackson	n, MS 39289-0631 Well #:
	01)961-5210)354-6938 (fax) Elevation:
This report should be prepared by the pump installer in de	etail and filed with the Department within 20 days of the
installation of pump. Well Owner Information	
	Well Location
Owner Name: <u>Kichard</u> Litwa	Latitude: Longitude:
Mailing Address: 911 CArnation DR	Method of Lat/Long (circle one): Conventional Survey,
<i>b</i>	USGS quad, Hand-held GPS, Survey-grade GPS
POTTS CAMP MS City State Zip Code	SE 14 SV 14 Sec Twn 5 S Rng /W
City State Zip Code	Distance Direction Nearest Town
Telephone No. (162 353 - 952 2	<u></u>
	Miles of (4mp
Ритр Туре	Power Type
Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:/ ++ +
Date Pump Installed:	Setting Depth: Zoofeet
Rated Pump Capacity: Gallons Per Minute	Number of Stages:
Pump Test Data	Mada J. Chr. 1 W. A. T.
Date Well Tested:	Method of Measuring Water Level Circle one
	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Fee Below Land Surface	Other (specify):
Pumping Water Level (B):Feet Below Land Surface	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the best Leger Drilling # 0079	t of my knowledge
	- Mpsal,
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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