, State W	ell Report			
	For Office Use Only:			
Mississippi Departmen	t of Environmental Quality Aquifer:			
	nd Water Resources New 10631			
Jackson N				
	961-5210 L. S. Elevation:			
(601)354	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 Mc Andrew Williams	Latitude: <u>33 • 54 '97 "</u> Longitude: <u>070 • 46 ', 54 "</u>			
Mailing Address: P.D. Box 18	Method of Lat/Long (circle one): Conventional Survey,			
100 Chambers St.	USGS quad, Hand-held GPS Survey-grade GPS			
Winstan Ville Ms 3878/ City State Zip Code	SE1/4 NW/4 Sec 24 Twn 24N Rng & W			
Telephone No. (412) 74/- 2/27	Distance Direction Nearest Town Miles SW of Shelpy MS			
Telephone No. $(\underline{Q}\underline{V}\underline{F})$ $\underline{\Gamma}\underline{\Gamma}\underline{\Gamma}$ $\underline{L}\underline{\Gamma}\underline{L}$	Miles of			
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: <u>3-22-08</u> Date	well drilling completed: <u>3-22-08</u>			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level:feet above or below (circle one)	and surface Date measured: <u>3-22-08</u>			
Method of Measurement (circle one) steel tape electric tape				
Hole depth: Well depth:	Well grouted to a depth of <u>12</u> feet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u><u>90</u> feet Casing diameter: <u></u><u>4</u></u>	_inches Type of casing: <u>RVC</u> 160			
Screen length: <u>20</u> feet Screen diameter: <u>4</u>	inches Type of screen: <u>PVC</u> Shotted			
Screen slot size: inches Setting depth: From	<u>SO</u> feet to <u>IDD</u> feet			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing: feet. If the	lescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron Other:			
Name of organization running log(s):				
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Willie L. Bryant 0-639	Will's L. Buyant			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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If well telescopes please slatch below and show depths.

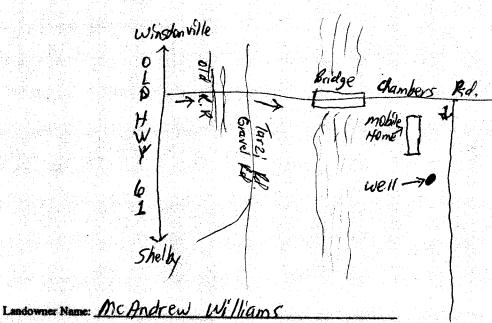
Ground Level

Description of Formationg Encoun	terod	Prom	To
Clay + Brown	Sand	8	20
Clavet time sarve	ť	20	40
Line & medi san	d .	40	60
Coarse sand Coarse Sand of grav		60	80
Coarse Sand + a rav	e1	80	100
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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.



L. K

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County: b 0/18/Ar Permit #: Driller: <u>W/1/1/16 L. Bryan</u> Date completed: <u>3-22 - 08</u>	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 (601)961-5210 (601)354-6938 (fax)		uality Aquifer Well #: Elevatio	D-/5/	
This report should be prepared by th installation of pump.		l and filed with the	Department within (30 days of the	
Well Owner Informat		Well Location			
Owner Name: Mc Andrew . Willams		Latitude: 33°54.97 N Longitude: 070°46,54 V			
Mailing Address: P.O. Box 18		Method of Lat/Long (circle one): Conventional Survey,			
100 Chambers	<i>st.</i>	USGS q	uad, Hand-held GPS	S) Survey-grade GPS	
City State		¹ /4 ¹		24N Rng 6 W	
Telephone No. (662, 741-212)	7			helby, ms	
Pump Type Circle one			Power Type 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):	•			нP	
Date Pump Installed: $3-22-08$					
Rated Pump Capacity: <u>90</u>			40 5		
Pump Test Data		L	hod of Measuring V		
Date Well Tested: not Tested	= no power	as of 4-18.			
Static Water Level (A):Feet			ectric Measuring Lir	ne Steel Tape	
Pumping Water Level (B):Feet		Other (specify):			
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, n	neasured shut in head	:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM v	vith a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours		feet after	hours of pumping	
I HEREBY CERTIFY that the above staten <u>Willie L, Bryant</u> D- Print Name of Pump Installer and License N	639	Willie 2	P. Byant of Purp Installer		

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