Bayland - Scott ternal house well

	State Well Rep	ort -			
County: BOLWAR	Part 1		For Office Use Only:		
Permit #: 6W 42090	Mississippi Department of Enviro		Aquifer:		
	Office of Land and Water I P.O. Box 10631	Kesources	Well #: N-128		
Driller: J. NEWLOME	Jackson, MS 39289-0	631	L. S. Elevation:		
Date drilling completed: 7-30-07	(601)961-5210	Ì	1		
	(601)354-6938 (fa	k)	E-log #:		
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.					
Well Owner Inform		Well	Location		
Owner Name GAYLAND LAWRENCE		33 . 38 . 44	" Longitude % 04 21"		
Mailing Address ELTA PINELAND MG net.		Method of Lat/Long (circle one): Conventional Survey,			
Po Box 5669		GS quad Hand-held	GPS, Survey-grade GPS		
Calle Miller	E MS 38700 SF 1	Nul 16 500 a	7 Tur 21N BOBW		
, City St	EMS. 3870P SE 14 ale Zip Code NE	1114 % 500	T WIL		
Telephone 18.02-820-8686  Distance Direction Nearest Town  Miles N of SCOTT		of SCOTT			
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 7-30-07  Date well drilling completed: 1-30-07					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level:feet above or below (circle one) land surface					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 103 Well depth: 100 Well grouted to a depth of 10					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 6 feet Casing diameter: 16 inches Type of casing: Puc					
Screen length: 40 feet Screen diameter: 16 inches Type of screen: Poc					
Screen slot size: 050 inches Setting depth: From 50-60 feet to 70 - 100 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 telescoped 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.					

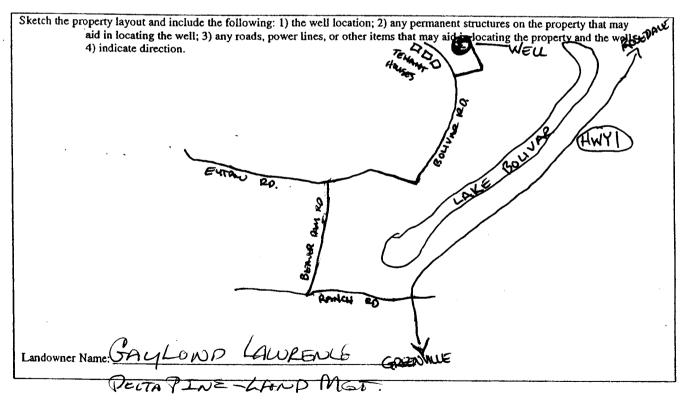
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

CASING 
5010 en 100

Description of Formations Encountered	From	То
/Jop Soil	0	10
Mix CLAY	10	50
Fine Sand	40	50
coarse sand	50	60
fine Sand	60	70
COArse Sand- Rock's	70	10

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



Signature of Water Well Contractor

## Permit #: GW 42090 Driller J. Newcone Date completed 7-30-07

## 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)

For Office Use Only	y:
Aquifer:	
Well #: N-128	3
Elevation:	

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

bump.	
Well Owner Information	Well Location
Owner Name Sayland Lawrence	Latitu 33-38-44 Longitude 90 -04-21
Mailing Address ELTA Pine Land Mong	Method of Lat/Long (circle one): Conventional Survey,
Po Box 5669	USGS quad, Hand-held GPS Survey-grade GPS
GREENVICLE, ML. 38704	PSE 14 NW 14 Sec 9 Tw21 N Rng 8W
City State Zip Code	
Telephone Nale 2-820 - 8686	Distance Direction Nearest Town  Scoll M2  Miles Of Scoll M2
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbin	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 60
Date Pump Installed: 8-5-07	Setting Depth: 70 feet
Rated Pump Capacity Gallons Per Minute	Number of Stages: 1-Stage (4" AUG 1 0 2007
Duny T. (D.)	· OLWE
Pump Test Data  Date Well Tested:	Method of Measuring Water Level Circle one
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B) Feet Below Land Surface	Other (specify):
Drawdowo [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
	e distribute de la constante d
I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer