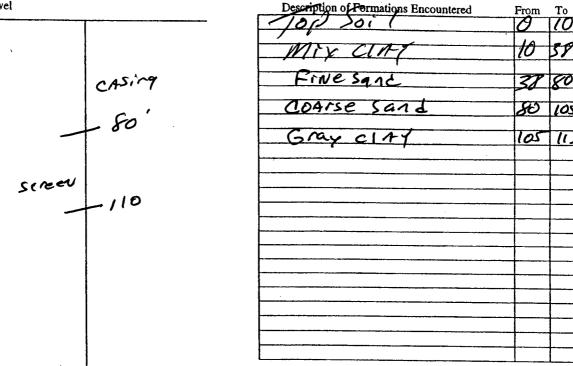
GL.		
Pivot	uell	
State W	ell Report	
	art 1	For Office Use Only:
Permit # CCU 4 2 4 8 3 Mississippi Department	of Environmental Quality nd Water Resources	Aquifer: $P = 191$
	ox 10631	Well #:
Jackson, M	S 39289-0631	L. S. Elevation:
	961-5210 1-6938 (fax)	E-log #:
State Law requires that this report be prepared by the	driller in detail and filed w	vith the Department within
30 days of completion of drilling of the well. Well Owner Information	Wel	I Location
Owner Name GAYLON LAWRENCE	Latitudo: 33 • 35 · 30	" Longitude 9/ 01'54
Mailing Address: Po Bax 5669	Method of Lat/Long (circle o	ne): Conventional Survey,
	USGS quad, Hand-held	d GPS, Survey-grade GPS
Greenille MS. 38704	SE 1/4 SW 1/4 Sec_ 9	Twn 20 ARng BW
City State Zip Code		
Telephone Nd \$62-820-8686	Distance Direction <u>3</u> Miles <u>EAST</u>	of <u>Scott</u>
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: <u>4-15-08</u> Date	well drilling completed: <u> </u>	-15-08
If flowing, method of flow regulation: Valve Other (of	lescribe)	
Static Water Level:feet above or below (circle one)		
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 113 Well depth: 110	_ Well grouted to a depth of	feet
Type of grout (circle one): Cement Bentonite Mix		
Casing length: <u>\$0</u> feet Casing diameter: <u>[6</u>	inches Type of casing:	
Screen length: <u>30</u> feet Screen diameter: <u>16</u>	inches Type of screen:	Por
Screen slot size: inches Setting depth: From		
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Ope	en hole Natural Development
Other (describe):	·····	
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one so	creen, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma Ray	y Density Sonic Neutron	Other:
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in Department of Environmental Quality and/or the Mississippi De		
JOHN NEWCOME 0-773	dol is	uxa_e
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor
		RECEIVED
tunp NOT	- INSTRUCC MET	MAY 0 9 2008
	YET	
	2	BY: OLWR

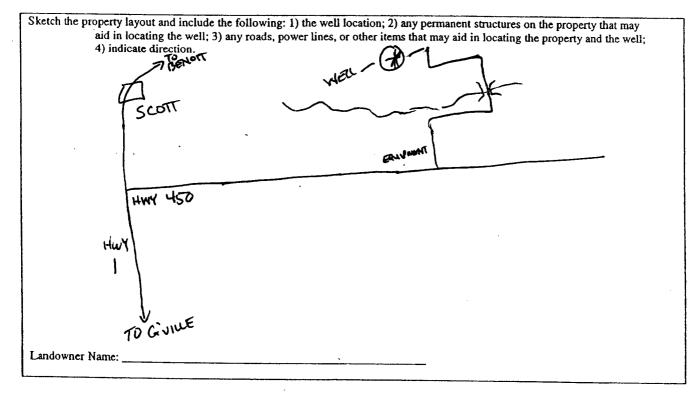
R-196

If well telescopes please sketch below and show depths.





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



AMPENCS Signature of Water Well Contractor

OFFATLE WERT OF OKT         Part 1         Part 1 <t< th=""><th>STATE WI</th><th>ELL REPORT</th><th></th></t<>	STATE WI	ELL REPORT	
USGS quad, Hand-held GPS, Survey-grade GPS         City State         Distance         Direction         Nearest Town         Mile Colspan="2">City State         Pump Type         Citrcle one         Air Lift         Jet         Distance         Pump Type         Citrcle one         Air Lift         Jet         Distance         Pump Type         Citrcle one         Ait Lift         Jet         Distone         Gastone         Citrcle one         Natural Gas         Distone         Other (specify):         Date Pump Test Data	County: DLi VAA Permit #: 60042488 Driller: J. NEWCOME 773 Date completed: 4-15-08 This report should be prepared by the pump installer in detainstallation of pump. Well Owner Information	s Completion Report at of Environmental Quality and Water Resources Box 10631 4S 39289-0631 1961-5210 4-6938 (fax) and filed with the Department Well Well	Aquifer: Well #: <u>R-196</u> Elevation: t within 30 days of the Location
Circle one       Circle one         Air Lift       Jet       Submersible         Bucket       Piston       Jurbine         Bucket       Piston       Jurbine         Centrifugal       Rotary       Flowing Well         Other (specify):	City State Zip Code	USGS quad, Hand $\underline{SE}_{14} \underline{SW}_{14} \text{ Sec}_{9}$ Distance Direction	-held GPS, Survey-grade GPS TATION Rug SW Nearest Town
Bucket       Piston       Tractor PTO         Centrifugal       Rotary       Flowing Well       Windmill       Other (specify):			
Date Well Tested:	Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 6-10-08	Electric Motor Hand Windmill Other Horse Power Rating of Motor Setting Depth: 70	Specify):
	Date Well Tested:Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute	C Air Line Electric Mea Other (specify): For flowing well, measured sl Well yielded	ircle one souring Line Steel Tape nut in head:feet GPM with a drawdown of