State W	ell Report			
0: 1	For Office Use Only:			
County: Mississippi Department	of Environmental Quality Aquifer:			
Permit # Office of Land at	nd Water Resources K63			
	0X 1U031			
7 1212	S 39289-0631 L. S. Elevation:			
Date diming completes. It is a second	061-5210 -6938 (fax) E-log #:			
(001)334	-6938 (fax) 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 Information	Well Location			
Owner Name Mike Mikell	Latitude: 31 · 55 · 1 2 " Longitude: 91 · OO · 18"			
Mailing Address: P.O.Box 247	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Port Gibson MS 39150	1R1/4 1R1/4 Sec_ 29 Twn 11N Rng 2E			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (601) 437-8316 Distance Listance G. 2 Miles S/SW of PORT G. b.sor				
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1 1			
	well drilling completed: 12 13 12			
If flowing, method of flow regulation: Valve Other (c	lescribe)			
Static Water Level:feet above of below (circle one)	land surface Date measured: 12 13 12			
Method of Measurement (circle one) steel tape (electric tape	air line other:			
Hole depth: 170 Well depth: 170	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 150 feet Casing diameter: 411	inches Type of casing:PVC			
Screen length: 20 feet Screen diameter: 4!!	inches Type of screen:			
Screen slot size: 1010 inches Setting depth: From	150 feet to 170 feet			
Type of completion (circle all applicable): Gravel packed Under	erreamed 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 Ra	y Density Sonic Neutron Other:			
Name of organization running log(s):	and are with all applicable requirements of the Mississinni			
I certify that the well was drilled, constructed, and completed in	accordance with an approxime requirements of the mississippi			
Department of Environmental Quality and/or the Mississippi D	epartment of Health regulations and state laws.			

Print Name of Water Well Contractor and License No.



Signature of Water Well Contractor



STATE WELL REPORT

Part 2

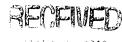
aiborne

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 10631

For Office Use Only:	
Aquifer:	
Well #:	K63
Elevation:	

Dimon Carry	•	\$ 39289-0631	Weil#
Date completed: 12 13 12	(601)961-5210 (601)354-6938 (fax) Elevation:		Elevation:
mi:	` •	1	t within 30 days of the
This report should be prepared by the installation of pump.			
Well Owner Information	1	Well Location	
Owner Name: Mike Mike		Latitude:Longitude:	
Mailing Address: P.O. Box	241	Method of Lat/Long (circle on	e): Conventional Survey,
		USGS quad, Hand	-held GPS, Survey-grade GPS
Port Gibson	MS 39150	IR 14 IR 14 Sec 20	7 Twn IIN Rng DE
City State	Zip Code	Distance Direction	Nearest Town
Telephone No. (601) 437 - 83	616	Mileso	f
		Pos	wer Type
Pump Type Circle one			ircle one
Air Lift Jet	Submersible	Diesel Engine Gasolir	ne Engine Natural Gas
Bucket Piston	Turbine (Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	1	(specify):
Other (specify):		Horse Power Rating of Motor	
Date Pump Installed: 12 13 12		Setting Depth:	
Rated Pump Capacity:20	Gallons Per Minute	Number of Stages:	· · · · · · · · · · · · · · · · · · ·
Pump Test Data			easuring Water Level
Date Well Tested: 12 3 2			Eircle one
Static Water Level (A):Feet	Below Land Surface	1 (asuring Line Steel Tape
Pumping Water Level (B):Feet	Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Feet	Below Land Surface		hut in head:feet
Test Pumping Rate: 20	_Gallons Per Minute	Well yielded 20	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):		feet after _	hours of pumping
ROUDOWN Drilling Inc		of my knowledge.	. *
Print Name of Pump Installer and License I		Signature of Pump I	nstaller

Signature of Pump Installer



If well telescopes please sketch below and show depths.

Ground Level		

Description of Formations Encountered	From	То
Chalk	0	100
the Sand	700	/35

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.
of POIT GIVE
547
color state albina Rd
1 a thingside
wer Huy 61
1
Landowner Name:

Signature of Water Well Contractor

RECEIVED

BY: OLWR