00 1	State Well Report	
County: County	Part 1	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
160 10 11	Office of Land and Water Resources	
Driller METOWALD THE	P.O. Box 10631	Well #: H-49 023
Date drilling completed: 8-16-04	Jackson, MS 39289-0631	-
Date drining completed:	(601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	E-log #:
State Law requires that this ways	and because of the second	
30 days of completion of drilling	ort be prepared by the driller in detail and filed v	vith the Department within
Well Owner Informa	tion	
		l Location
Owner Name NICKI WILL	DAMS Latitude: °	77.7
Mailing Address: 300 CR		_" Longitude:o,,
	Michiga Of LavLong (circle of	ne): Conventional Summer
Gritman	' <i>(1)</i> ()	
9)	. Ooo quau, mand-neid	GPS, Survey-grade GPS
City	39355 14 14 500 10	Twn 3 N Rng 16 E
State	e Zip Code	Twn 3/0 Rng 16F
Telephone No. (601) 776-34	Distance Direction	Nearest Tonin
	Distance Direction Miles	of gui man
	Well Data	
Purpose of Well (circle and V)	Wen Data	
Purpose of Well (circle one) Home Indu	strial Public Supply Irrigation Fish Culture	Othom
Date well drilling started: 8-9-	04	Ouler:
75.0	Date well drilling completed:	-10-04
yalve	Out.	i
Static Water Level: 75	(doscribe)	
Teet above	ve or below (circle one) land surface Date measured:	C-10 DURECEIVED
Method of Measurement (circle one) stee	I tape electric tape air line other:	they & weret 19 2000
Hole dansh. 7-7	other:	ing & were to a con
Well depth	Well prouted to a depth of	Jaca 0 9 2004
Type of grout (circle one): Cement	I tape electric tape air line other: Shows a line other: Shows are line other; shows are line of the line other.	feet RV. OIMO
7 10	Bentonite Mix	DI. OHWK
Casing length: 210 feet Casing	diameter:inches Type of casing:	AT 1
	11/	
	diameter:inches Type of screen:	Thaten I have
Screen slot size: Of o inches	Caul :	TO THE SOR TO
	Setting depth: From 05feet to	5feet
Type of completion (circle all applicable): G	ravel packed Underreamed Telescoped Open ho	
	Telescoped Open ho	Natural Development
	Other (describe):	
Top of lap pipe or reduction in casing:	foot ICA-I	
	feet. If telescoped or more than one screen	, describe on back of page
Logs full (circle all applicable) No log run	Meetric Gamma Day Danite a	·
Ivaille of organization running to a con-		ner:
I certify that the well was drilled const	d, and completed in accordance with all applicable requ	1
Department of Environment	u, and completed in accordance with all applicable requ	uirements of the Minter
	r the Mississippi Department of Health regulations and	detate t
		state laws,
WIZUNALD + HILL.	ANC. 0-0008 170	C/h.
Print Name of Water Well Contractor and Line	1000	

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level			Description of Formations Encountered	From	To_	_
			CAY	0	5]
			SAND	5	39	•
		205 /	Shale	35	57	Þ
		205 fre	Shale & Rock St	50	19	0
		4	SAND	190	21	5
			Shale	215	2	20
		€5 ft. Below		 		
	H	€5 ff. Below				
		V				
		•				
		F				
		<u></u>				
	1	L		1 1	1	

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

Sketch the proper	rty layout and include the 5 th						
aid	rty layout and include the following: in locating the well; 3) any roads, pondicate direction.	I) the v	well location; 2) any	y permanent struct	ures on the property th	nat may	1
4) i	ndicate direction.	wer iin	es, or other items th	nat may aid in loca	ting the property and	the well:	}
			Dead			RECF	IVFI
			ENIN				
					•	SEP 0	2004
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						[
					No.		
Landowner Name:	Nicla Wills	A .					
	TOTAL COTON	m	<u> </u>	_			
^							
\wedge							

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Permit #:
Driller MyDagel + Hel

Date completed: 8-10-04

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:	
Aquifer:	
well #: H-49	-
Elevation:	

(001)	Joseph (Jax)
This report should be prepared by the pump installer in de installation of pump.	etail and filed with the Department within 20.2
	and the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Wicki Williams	
	Latitude:Longitude:
Mailing Address: 500 CR 1461	
745	Method of Lat/Long (circle one): Conventional Survey,
_	
11 . 1 hay 200 = 1	USGS quad, Hand-held GPS, Survey-grade GPS
MITMA 1115. 39363	
ty State Zip Code	1/41/4 Sec/O_Twn_3/V_Rng/6/6
, , ,	Distance Direction Nearest Town
Telephone Nd (201) 776 - 2477	Mealest Town
receptione (ACCO)	6_Miles NE of gw man
	101201
Pump Type	<i>H</i>
Circle one	Power Type
	Circle one
Air Lift Jet Submersible	District Park
D. J.	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	
Centrifugal Rotery 51	Electric Motor Hand Tractor PTO
Rotary Flowing Well	Windmill Other (specify)
Other (specify):	outer (specify)
0.	Horse Power Rating of Motor:
Date Pump Installed: 870-04	
	Setting Depth:feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages: SEP 0 9 200
	Trained of Stages.
Pump Test Data	BY: OLW
	Method of Measuring Water Level
ate Well Tested:	Circle one
tatic Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
main W	Other (and is)
amping Water Level (B): Feet Below Land Surface	Other (specify): Starry & Werght
ravidoum t(D) (A)	' /' /
Sand Surface	For flowing well, measured shut in head:
st Pumping Rate: Gallons Beach	
Canons Per Minute	Well yielded GPM with a drawdown of
tration of Pump Test (minimum 4 hours):hours	or in with a drawdown of
hours	feet afterfree feet after
	- Provision brimbing
EDEDY CODE	
IEREBY CERTIFY that the above statements are true to the best	my knowled
rell. Mrs. O. I - no Dad	my knowledge.
nt Name of Pumo Installer and License No. (if applicable)	John March
instance and License No. (if applicable)	Signature of Pump In 21