	l State W	ell Report			
County: Clarke	Part 1		For Office Use Only:		
	Mississippi Department of Environmental Quality		Aquifer:		
Drille WE Down & Hiu	Office of Land and Water Resources P.O. Box 10631		Well #: R - 54		
	l'	IS 39289-0631	L. S. Elevation:		
Date drilling completed: 9-23-0	(601)	961-5210	E. S. Elevation.		
	(601)354	1-6938 (fax)	E-log #:		
State Law requires that this reposition of drilling	ort be prepared by the of the well.	driller in detail and filed w	ith the Department within		
			Location		
Owner Name H.L. QIL	bert	Latitude:'	_" Longitude:°'		
Mailing Address: 2233 -	CR 695	Method of Lat/Long (circle or	ne): Conventional Survey,		
		USGS quad. Hand-held	GPS, Survey-grade GPS		
Shubsto Ms. 39360		14 14 Sec 8 Twn 1 Rng 7 W			
City Sta	te Zip Code	¼¼ Sec δ _	Twn Rng / W		
Telephone No. 601 - 776 -	3689	Distance Direction Miles 5	of Veso X4		
	Well D	Data			
Dumage of Wall (single and W.					
Purpose of Well (circle one) Home Ind			Other:		
Date well drilling started: 9-2		•	-23-05		
If flowing, method of flow regulation: Val	ve Other (de	escribe)			
Static Water Level: 10 feet ab	ove or below (circle one) le	and surface Date measured:_	9-23-05		
	eel tape electric tape		Thing		
100	200		SHUNG		
Hole depth: <u>(OO</u> Well dep	oth: 30	Well grouted to a depth of _	feet		
Type of grout (circle one): Cement	Bentonite Mix				
Casing length: 80 feet Casin			Picc		
		_inches Type of casing:			
Screen length: 20 feet Screen diameter: 4 inches Type of screen:					
Screen slot size: <u>• 0/3</u> inches	Setting depth: From	feet to	30 feet		
Type of completion (circle all applicable):	Gravel packed Underro	eamed Telescoped Open	hole Natural Development		
	Other (describe):				
Top of lap pipe or reduction in casing:	fcctIf tele	escoped or more than one scre	en, 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):					
certify that the well was drilled, constru	icted, and completed in ac	cordance with all applicable r	equirements of the Mississippi		
Department of Environmental Quality an	nd/or the Mississippi Depa	rtment of Health regulations	and state laws.		
MEDONALD + His	Duc 08	Thero	ed theo		
Print Name of Water Well Contractor and L	icense No.	Signature of	Water Well Contractor		
			·· ·· va Contactor		

State Well Report
Part 1

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STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 10631 R-54 Well #: (601)961-5210 Date completed: Elevation: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location Owner Name: atitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas

Other (specify):	Horse Power Rating of Motor: Setting Depth: Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	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):		
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours			

Electric Motor

Windmill

Hand

Other (specify):

Bucket

Centrifugal

Piston

Rotary

Turbine

Flowing Well

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

MEDONALL + HULL DVC # 0-8

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

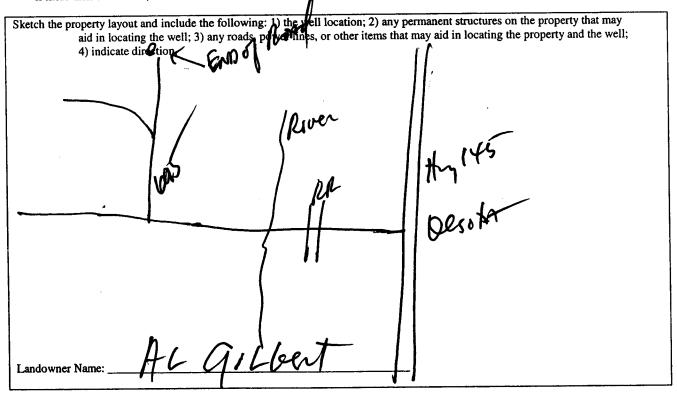
OCT 13 2005

BY OLWA

Tractor PTO

Ground Level	Time three	Description of Formations Encountered	From	To
	30' 4" Mc Screen	Clay + top Soil	10	70 30
	Screen	Shale	30	74
	CASING CASING for A writer Supply.	the 120 ft. See her ped water, or coloned.	f 3 ve i	\$0 W/c

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



Signature of Water Well Contractor

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