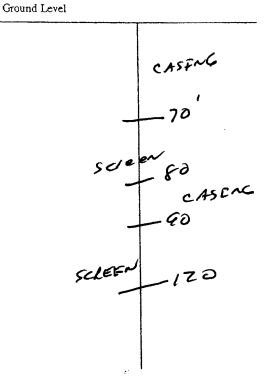
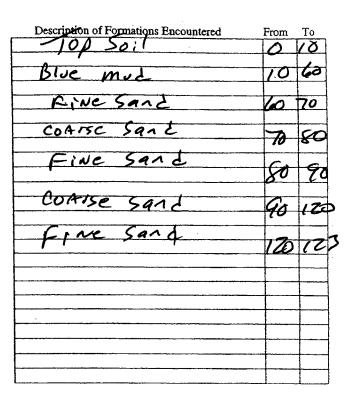
· · · · · · · · · · · · · · · · · · ·	
TEILEA Land	
State Well Report	For Office Use Only:
Part 1	< 10)
ermit # (7.5-7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	Well #:
Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 3-16-10 (601)961-5210 (601)354-6938 (fax)	E-log #:
State Law requires that this report be prepared by the driller in detail and file	l with the Department within
An t f	Vell Location
	36 " Longitude: 90. 40: 45."
Dwner Name Tiema 41 Latitude: 57.14,	
Mailing Address: 2921-B. So. Kish AV Method of LawLong (circ)	e one): Conventional Survey.
USGS quad, Hand-	held GPS, Survey-grade GPS
	36 Twn 28N Rng 4W
City State Zip Code	
	of FAREL
Jessie Couch	
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Cultur	
Date well drilling started: $3 - 16 - 10$ Date well drilling completed:	3-16-10
Date well drilling started: Date well drilling started:	
If flowing, method of flow regulation: Valve Other (describe)	
Static Water Level:feet above or below (circle one) land surface Date meas	ured:
Method of Measurement (circle one) steel tape electric tape air line other.	
Hole depth: 123 Well depth: 120 Well grouted to a dept	h of <u>10</u> feet
Type of grout (circle one): Cement Bentonite Mix	
SO to the log inches Type of cas	ing: PVC
	PXL
	•
Screen slot size: 0.50 inches Setting depth: From 70-80 feet to	90 ~ 120 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped	
Other (describe):	
Top of lap pipe or reduction in casing:feet. If telescoped or more than a	
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Ner	tron Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all app	licable requirements of the Mississippi
I certify that the well was drilled, constructed, and completed in accordance with an app	lations and state laws.
Department of Environmental Quality and/or the Mississippi Department of Health reg	$\mathbf{N}$
JOHN NEWCOME 0-773 40	the Newcano
	nature of Water Well Contractor
	JUL 0 6 201
	DVANA

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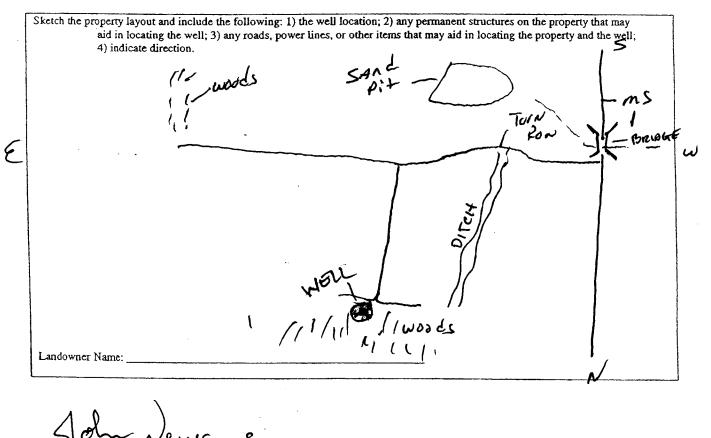
BY: OLWR

If well telescopes please sketch below and show depths.





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



nature of Water Well Contractor

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ሮሞ ል ጥድ  ፕአካ	ELL REPORT		
		<u> </u>	
	Part 2 's Completion Report	For Office Use O	aly:
Color 2817 Mississippi Departme	nt of Environmental Quality	Aquifer:	
Unice of Land	and Water Resources Box 10631		
Jackson, I	MS 39289-0631	Well #:	
	.)961-5210 54-6938 (fax)	Elevation:	
This report should be prepared by the pump installer in deta installation of pump.	ail and filed with the Department	at within 30 days of the	
Well-Owner Information		l Location	
er Name: Tierra II	Latitude: 34° 14'36"	Longitude: 90° 40	' 45"
ling Address: 2921-B So. Kish Ave	1		
Ing Address OVIX: C US. IVISI IVE	Method of Lat/Long (circle or	ne): Conventional Survey	',
	USGS quad, Hand	1-held GPS Survey-grad	e GPS
<u>Yuma: AZ 85365</u>	SE 1/4 SW 1/4 Sec 3	G Twn 28N Rng L	ιw
Oity State Zip Code			
010 210 7701	Distance Direction	Nearest Town	
ephone No. (128) 210-7794 Jessie Couch	$ \_ \_ \_ Miles \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_$	Farrell	• <u>-</u>
	1		
Pump Type Circle one		wer Type	
· · · ·		ircle one	
Lift Jet Submersible	Diesel Engine Gasoli	ne Engine Natu	iral Gas
cket Piston Turbine	Electric Motor Hand	Tract	or PTO
trifugal Rotary Flowing Well	Windmill Other	(specify):	
		$\mathbf{C}$	
ner (specify):	Horse Power Rating of Motor	<u> </u>	
e Pump Installed:	Setting Depth:	)feet	
ed Pump Capacity:	Number of Stages:	$\mathbf{z}$	
Pump Test Data	Method of Me	easuring Water Level	
te Well Tested:	C	Sircle one	
	Air Line Electric Me	asuring Line Steel	Tape
tic Water Level (A):Feet Below Land Surface	Other (specify):	•	
nping Water Level (B):Feet Below Land Surface	Ouler (specify):		
awdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured s	but in head-	fact
st Pumping Rate:Gallons Per Minute	Well yielded	GPM with a drawdow	m of
uration of Pump Test (minimum 4 hours):bours	feet after _	hours of p	umping
EDEBY CEPTTEY 4 at 1		·····	
HEREBY CERTIFY that the above statements are true to the best	tor my knowledge.		
rint Name of Purp Installer and License No. (if applicable)		yun	REC
the stande of a way instance and License No. (if applicable)	Signature of Pump I	nstaller	<u> </u>
			JUL
			<b>B</b> Y:(

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