(1)eson P	ell Report	For Office Use Only:		
Permit #: Office of Land a	t of Environmental Quality nd Water Resources tox 10631	Aquifer: Well #:		
Driller: <u>CDOB Smith</u> Jackson, M	IS 39289-0631 961-5210	L. S. Elevation:		
(601)354	4-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Well Owner Information	Wel	Location		
Owner Name R.W. (DUDUP)		_" Longitude:°'"		
Mailing Address:	Method of Lat/Long (circle o			
	•	I GPS, Survey-grade GPS		
(TEANANOU, M.S. 38632) City State Zip Code		36 Twn <u>+35</u> Rng <u>(84</u>)		
Telephone No. 62 6/7-0050	Distance Direction	of <u>HEANANDD</u>		
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 6-30-01 Date	well drilling completed:	6-30-03		
If flowing, method of flow regulation: Valve Other (d	lescribe)			
Static Water Level:feet above or below (circle one)	land surface Date measured:	6-30-05		
Method of Measurement (circle one) steel tape electric tape				
Hole depth: Well depth: 6 >	. Well grouted to a depth of	feet		
Type of grout (circle one): Cement Bentonite Mix		0.00		
Casing length: 152 feet Casing diameter: 4 inches Type of casing: PUC				
Screen length: <u>10</u> feet Screen diameter: <u>110</u> inches Type of screen: <u>PVC</u>				
Screen slot size: 14 TADUS, inches Setting depth: From 152 feet to 162 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): $\underbrace{\mathcal{WNHS}}_{\mathcal{H}} \underbrace{\mathcal{S}}_{\mathcal{P}} \underbrace{\mathcal{S}}_{\mathcal{P}}$				
	·			
Top of lap pipe or reduction in casing:feet. If the Logs run (circle all applicable): No log run Electric Gamma Ray	-	reen, describe on back of page		
	-			
Name of organization running log(s):	accordance with all applicable	e requirements of the Mississippi		
Department of Environmental Quality and/or the Mississippi De				
BOD Smint 0-0	645 7	21 Atre		
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor		
		RECEIVED		
		JUL 0 8 2005		
		BY: OLWR		

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County: DESOTO Permit #: Driller: BON Son CTH Date completed: 6-30-05 Participation of Land a P.O. E Jackson, M (601) (601)35	CLL REPORT art 2 Completion Report t of Environmental Quality nd Water Resources Sox 10631 IS 39289-0631 961-5210 4-6938 (fax)	
This report should be prepared by the pump installer in detain installation of pump.	and filed with the Department within 30 days of the	
Well Owner Information	Well Location	
Owner Name: A.W. HOUANN	Latitude:Longitude:	
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-heid GPS, Survey-grade GPS	
<u>Terral MS 3863</u> City State Zip Code	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Telephone No. (62 617 - 0050		
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed:	Setting Depth:feet	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested:		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): <u>10.7</u> 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 yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours		
I HEREBY CERTIFY that the above statements are true to the best BBB Smuth O-645 Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Signature of Pump Installer RECEIVEL	

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JUL 0 8 2005 BY: OLWR :

If well telescopes please sketch below and show depths.

Ground Level

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K-218

Description of Formations Encountered	From	10
JED Soil	Ø	_گ_
REDEVA	3	30
GUARC	30	60
Gney CIAJ	60	// 0
UTHICS POT CIM	110	126
WATTE SPO	126	162
		<u> </u>
		<u> </u>
		1

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. BARN E WEU tournal Landowner Name: A Signature of Water Well Contractor

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