~ £	State We	ell Report	For Office Use Only:						
No.	Part 1								
County:	Mississippi Department	of Environmental Quality	Aquifer:						
Permit #:	Office of Land an	d Water Resources	Well #: C-107 039						
Driller: Mil	P.O. Bo	ox 10631 S 39289-0631	L. S. Elevation:						
Date drilling completed: 7-19-04	(601)9	61-5210	1						
Date drilling completed:	(601)354	-6938 (fax)	E-log #:						
Land the Department within									
State Law requires that this report be prepared by the driller in detail and filed with the Department within									
30 days of completion of drillin	g of the well.		Il Location						
, , , , , , , , , , , , , , , , , , ,	1.00.	Congitud 098.37 6846							
Owner Name Serry	action								
Mailing Address: 534 Walton	un Rd	Method of Lat/Long (circle o	•						
		USGS quad, Hand-hel	d GPS, Survey-grade GPS						
			Twn T/8 Rng R6W						
Wilmen as	3658 /	3	4 / 15 I						
		Distance Direction  Miles	Nearest Town						
Telephone No. (251) 649-14	5/6	1/2 Miles _	01 3234						
	Well	Data							
			Other:						
Purpose of Well (circle one Home	Industrial Public Supply		-						
Purpose of Well (circle one) Home  Date well drilling started:	9-07 Date	well drilling completed:							
i	Other	(describe)							
If flowing, method of flow regulation:	Valve	Date measure	7-1904						
If flowing, method of flow regulation: Valve Other (describe)									
Method of Measurement (circle one) steel tape electric tape air line other:									
Hole depth: 87 Well depth: Well grouted to a depth of 10 SEP 0 1 2004									
Hole depth: Wel	i depui.								
Type of grout (circle one): Cement	Bentonite (M		BY: OLWA						
Casing length: 77 feet	Casing diameter:	inches Type of casin	g: PUC 70						
J	<i>;</i>	inches Type of scree	n: PVC wrapped						
Screen length: 10 feet	OCIOON CLASSICS								
Screen slot size:inc	hes Setting depth: From								
Type of completion (circle all applica	olo).	derreamed Telescoped (	Open hole Natural Development						
	Other (describe):								
Top of lap pipe or reduction in casing	feet.	If telescoped or more than on	e screen, describe on back of page						
Top of lap pipe or reduction in casing	š•	n Danier Sonic Neutr	on Other:						
Logs run (circle all applicable): No									
Name of organization running log(s):  I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi  I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi									
I certify that the well was drilled, constructed, and completed in section of Health regulations and state laws.  Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.									
Department of Environmental Qu			1 ADD Macon						
michael RERUTORIO OYUR Michael Cotto									
MICHAEL ALA	<del></del>	Signa	ture of Water Well Confeder						
Print Name of Water Well Contract	OF SHU LECCING 140.								

Ground Level					
	,				
	Į.				

Description of Formations Encountered	From	To
top same	10	5
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and land	3/2	123
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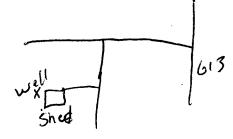
If more than one screen, show location of each on sketch

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.

RECEIVED

SEP 0 1 2004

BY: OLWR



Landowner Name:

Silly

Signature of Water Well Contractor

0408

## STATE WELL REPORT

## Part 2

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

For Office Use Only:				
Aquifer:				
Well#: C-107				
Elevation:				

Date completed.	(601)354-6938 (fax)		Elevation:		
This report should be prepared by the installation of pump.	pump installer in detai	and filed with the Departmen	t within 30 days o	f the	
Well Owner Information	) II	Well Location			
Owner Name: Jany L	lly	Latitude:Longitude:			
Mailing Address: 534 Waltman Rd		Method of Lat/Long (circle one): Conventional Survey,			
Wilmw 91 36587 City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS  14 Secretion Nearest Town			
Telephone No. 2.51) 649 -1.51	1/2 Miles E of Luculah				
Pump Type Circle one			wer Type rcle one		
Air Lift Jet (	Submersible	Diesel Engine Gasolin	e Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand		Tractor PTO	
•	Flowing Well		specify):	RECEIVE	
Other (specify):		Horse Power Rating of Motor:		* ILUCIVE	
Date Pump Installed: 8-3 04		Setting Depth: 87	fc	∞ SEP 0 1 2004	
Rated Pump Capacity: 19	Gallons Per Minute	Number of Stages:9		BY: OLWI	
Pump Test Data		Method of Mar	aguring Water I o	mal	
Date Well Tested: 8.3-04		Method of Measuring Water Level Circle one			
		Air Line Electric Mea	suring Line	Steel Tape	
Static Water Level (A): 45 Feet Below Land Surface		Other (specify): + instal line			
Pumping Water Level (B): 55 Peet B	elow Land Surface	outer (speedly).	, , , , , , , , , , , , , , , , , , ,		
	Below Land Surface	For flowing well, measured sh	ut in head:	feet	
Test Pumping Rate: 30	Gallons Per Minute $\sim$	Well yielded 30	GPM with a draw		
Duration of Pump Test (minimum 4 hours):	10 hours	foct after	1//2_hour	s of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Print Name of Pump Installer and License No	o. (if applicable)	Signature of Pump In	staller		