Part 1 Part 2 Part 3 P	State V	Vell Report		
Pemil #: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)361-5210 (601)361-5210 (601)361-6938 (fax) L.S. Elevation: E-log #:	County: Gerac	Part 1		
Date drilling completed: - - -			A 1715	
Date drilling completed: 11-01-04 Coll 961-5210 Coll 961-5210 E-log #: E-log #:	Office of Land		Well #: D-77	
Coll Solution State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Owner Information Well Owner Information Well Owner Information Well Owner Information Well Coation Latitude: 31	Driller: Michael 3. Hava(0) Jackson, 1		L. S. Elevation:	
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Owner Information Owner Name Claste Towney Mailing Address: Mailing Address: Mailing Address: Well Data Purpose of Well (circle one) State Zip Code Telephone No. (and the second s		
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Owner Information Owner Name Clude Young Week Kd Law	1) (41) a.d (2010) (cm) (cm)	64-6938 (fax)	E-log #:	
Well Owner Information Owner Name Clude Young Mailing Address: Mailing Address: Mailing Address: Method of LatLong (circle one): Conventional Survey, Well Data Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: Method of Measurement (circle one): Method of flow regulation: Valve Other (describe) Static Water Level: 21		driller in detail and filed w	ith the Department within	
Latitude: 31				
Mailing Address: Method of Lat/Long (circle one): Conventional Survey, 38 Lat/Long (circle one): Direction Direction one): Conventional Survey, 38 Lat/Long (circle one): Direction Direction one): Conventional Survey, 38 Lat/Long (circle one): Conventional Survey, 38 Lat/Long (circle one): Conventional Su	Well Owner Information			
USGS quad, fland-held GD. Survey-grade GPS Luccolcle MS 3945 \ City State Zip Code Telephone No. (Owner Name Clyde Young			
C Young Week Ed Luced C M5 394/5 City State Zip Code Distance Direction Nearest Town Nearest T	Mailing Address:			
Distance Direction Nearest Town Nearest Tow	166 Youngs Week Rd			
Telephone No. (1R 1/4 1 R 1/4 Sec 6	Twn TIS Rng K94	
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:	City State Zip Code	Distance Direction	Nearest Town of Parky Creek	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Telephone No. ()		W WALLS	
Date well drilling started: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Well	Data		
Static Water Level: 21	Purpose of Well (circle one Home Industrial Public Supply	Irrigation Fish Culture	Other:	
Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: 153	Date well drilling started: \\\-O\-O\-	well drilling completed:	01-04	
Method of Measurement (circle one) steel tape electric tape air line other: Hole depth:	If flowing, method of flow regulation: Valve Other (describe)		
Hole depth: 153	Static Water Level: 21 feet above or below (circle one)	land surface Date measured:	11-01-04	
Type of grout (circle one): Cement Bentonite Casing length: 143 feet Casing diameter: 2 inches Type of casing: 540 PUC Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP Screen slot size: 1000 inches Setting depth: From 143 feet to 153 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): To og run Electric Gamma Ray Density Sonic Neutron Other: 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	Method of Measurement (circle one) steel tape electric tap	e air line other:		
Casing length: 143feet	Hole depth: 153 Well depth: 153	_ Well grouted to a depth of _	<u>feet</u>	
Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP Screen slot size: 1001 inches Setting depth: From 143 feet to 153 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): From 143 feet to 153 feet to 1	Type of grout (circle one): Cement Bentonite	>		
Screen slot size: Note inches Setting depth: From 143 feet to 153 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): Color run Electric Gamma Ray Density Sonic Neutron Other: 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	Casing length: 143 feet Casing diameter:	inches Type of casing: _	340 PUC	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): Electric Gamma Ray Density Sonic Neutron Other: 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	Screen length: 10 feet Screen diameter: 2	inches Type of screen: _	90W	
Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): Logs run (circle all applicable): Logs run (circle all applicable): 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	Screen slot size:inches	143feet to1	53 feet	
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable):Electric Gamma Ray Density Sonic Neutron Other: 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	Type of completion (circle all applicable): Gravel packed Und	erreamed Telescoped Open	n hole Natural Development	
Logs run (circle all applicable): Logs run Electric Gamma Ray Density Sonic Neutron Other: 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	Other (describe):			
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			1	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi	Logs run (circle all applicable): Molog run Electric Gamma Ra	y Density Sonic Neutron	Other:	
	Name of organization running log(s):			
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
	Department of Environmental Quality and/or the Mississippi D	epartment of Health regulation /	ns and state laws.	
Michael S. Havard 0-693	Michael S. Hayard 0-673	Might	8.211	
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor		Signature o	f Water Well Contractor	

DEC 0 1 2004 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsand	O	3
Clau	3	13
5:1+ r	12	15
Clay	15	55
Clay	55	105
San fine - med	105	108
Clay	108	135
Sand, med	139	123
And the second s		
		-

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.		
Field live police Howe Bosell		
Landowner Name: Clyde Young		

RECEIVED DEC 0 1 2004 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

County: George

Permit #:

Driller: Micha

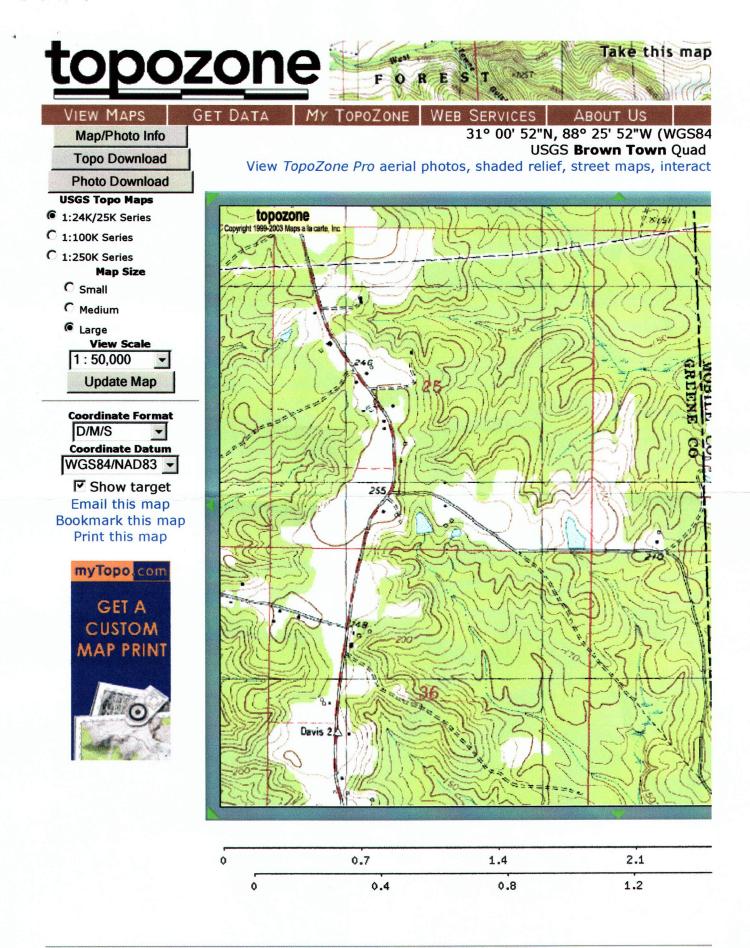
Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

For Office Use Only:	
Aquifer:	
Well #: D-77	
Elevation:	

1 Date completed:	01)501-5210 Elevation:			
This report should be prepared by the pump installer in d installation of pump.	etail and filed with the Department within 30 days of the			
Well Owner Information	Well Location			
Owner Name: Clyde Young	Latitude: 30°00.52 Longitude: 88°25,52			
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS			
ICG Youngs Weck Rd				
Lucedale MS 39452 City State Zip Code	1/41/4 Sec Twn			
	Distance Direction Nearest Town			
Telephone No. ()	4 Miles WE of Rocky Circk			
Pump Type Circle one	Power Type Circle one			
Air Lift 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: 11-01-04	Setting Depth: 40 feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 11-01-04	Air Line Electric Measuring Line Steel Tape			
Static Water Level (A): 21 Feet Below Land Surface	Other (specify):			
Pumping Water Level (B):Feet Below Land Surface	Onto (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): 4.5 hours	14 feet after 4.5 hours of pumping			

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
I HEREBY CERTIFY that the above statements are true to the best of Michael S. Havard 0-673	Wind S. And	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

DEC 0 1 2004 BY: OLWR





	Management of course of the matter and the second of the s	8.6	The state of the s	and the second of the second o		
.t. ≤	erellikalikasionnen kallandista ja hannavarsa, tai virtur parakanin vii adapad	\$. <u>1</u>	Z 18.	лінатин «Фо мита-мунфий-фіканаранця» устанацій, пактин	a.j.	
	لهمت الأرسول المعاد المام والمدافق المرادة ا	en en gelegeld ver i vill de living vergende de la companye de la	an and the second secon	e e e e e e e e e e e e e e e e e e e	A	
					∤ g	
		N Liver Notes				ÿ
	· . } *					ng saa N
,		1 - J _v *		Signal Si		8
* * * *		See				
				10 m m m m m m m m m m m m m m m m m m m		
			gar Laggerija	* 4		•
				•		
اد يافيد الرائم الدارية الحرار العام الدارية	s - 1 - 1	2 - 8. 2				Section 1
inggapus sagapus s	s of the Manager	No. 1 No. 1 No.	mande the same	manufacture of the second of t	- decide	e Samuel State of the party
						Strain Albert
**	ì		Washington (1997)	Table 1		s Simple of Section
- M ₂ - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2				$\pm Y^{1/2}$	ৰুশ্য সংক্ৰম প্ৰায় কৈছে কাৰ্যনি কৰিছে কৰে স্থানিক কৰে সংক্ৰম স্থানিক কৰে স্থানিক কৰে স্থানিক কৰে স্থানিক কৰে স
Special Specia						astrosioni
g S			**************************************			Vow Scare
					i i	9.39 (#1
3	the Committee of the Co	±	e salah s Salah salah sa	And Marian and an		98. °
•		į.			ĝ,	្រាស់ ខុត ស
) 2001 (%)
			2º		e e	সক্তেইক চিচালিটি নাম্ভ
				•		sch Afric
4., s						25 (3.25)
on after the fig. angt praym¥	myenni Terr			,	** .	and the Contraction