<u> </u>	State W	ell Report		
County: George	Part 1		For Office Use Only:	
County: GEORG	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: E- 92	
Driller: Michael S. Havasa		Box 10631	-	
	•	1S 39289-0631	L. S. Elevation:	
Date drilling completed: 10 - 28-65	, ,	961-5210 4-6938 (fax)	E-log #:	
	(001)33	4-0936 (IAA)	2-10g	
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	Location	
Owner Name Dewey Peyreans		Latitude: N30 ° 50 ' 349	" Longitude: 88°45 '706'"	
		Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-held		GPS Survey-grade GPS	
		IR 1/4 IR 1/4 Sec 38	Twn 125 Rng K84	
Lucedale M	5 39452	1		
City Sta	te Zip Code	Distance DirectionMiles	of Brandele	
Telephone No. (601) 945 - 217	7			
Well Data				
		P. 1		
Purpose of Well (circle one Home Ind	lustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 10-28-65 Date well drilling completed: 10-28-05				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) etcel tane electric tape air line other:				
Hole depth: 215 Well depth: 215 Well grouted to a depth of 15 feet				
Type of grout (circle one): Cement Bentonite				
Casing length: 205 feet Casing diameter: 2 inches Type of casing: PUC 540				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: USP PUC 540				
Screen slot size:				
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) No log 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				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				

Print Name of Water Well Contractor and License No.



Signature of Water Well Contractor

E-92

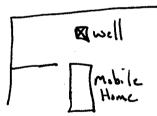
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Topsand.	0	7
sand (mrd)	7	38
Clay	58	85
5:\4	85	105
Clase	105	183
sand (fine-mid)	183	187
Sand (mid)	187	315
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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.



Landowner Name: Dewey Peyrianc

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Permit #:

Driller: Michael S. Madd

Permit #:

Driller: 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 #: £ 92 Elevation:		

Date completed: 11-16-05	(601)961-5210 601)354-6938 (fax) Elevation:			
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: Dewey Prysique	Latitude: <u>\$130°50.344</u> Longitude: \$288°45.700			
Mailing Address: 121 Honey Suckle Rd	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
Lucedale MS 3945-) City State Zip Code				
	Distance Direction Nearest Town			
Telephone No. (601) 945 - 2177	5 Miles SE of Benndale			
Pump Type	Power Type			
Circle one	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: 11-10-05	Setting Depth:feet			
Rated Pump Capacity: Gallons Per Minu	te Number of Stages: 2			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 11-10-05	Air Line Electric Measuring Line Steel Tape			
Static Water Level (A): 38 Feet Below Land Surfa	ce			
Pumping Water Level (B): 45 Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]: Feet Below Land Surfa	ce For flowing well, measured shut in head:feet			
Test Pumping Rate: Gallons Per Minu	te Well yielded 10 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 4 hours	rs feet after 4 hours of pumping			
A				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				