	¬ State Well Report [Earl Office Hee Only	
County: George	Part 1		For Office Use Only:	
County. Devig	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: \(\bigsim - 103 \)	
Driller: Michael S. Havard	P.O. Box 10631			
9000	Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 07-06-07	(601)961-5210 (601)354-6938 (fax)		E-log #:	
(001)334-0938 (IaA)				
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 Doreen Wade		Latitude: 30 ° 51 , 29	" Longitude: 88 ° 47 , 80 "	
Mailing Address:		Method of Lat/Long (circle on	ne): Conventional Survey,	
USGS quad, Cand-heli		GPS, Survey-grade GPS		
232 Hwy 57 South		IR 1/4 SW 1/4 Sec +25	Tun Per Dung 31	
City State Zip Code Distance Direction		1 King - 4		
City Stat	te Zip Code	Distance Direction	Nearest Town	
Telephone No. (COI) 945-2310			of Genndal C	
Well Data				
Purpose of Well (circle one) Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 07-06-09 Date well drilling completed: 07-06-09				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 113 feet above or below (circle one) land surface Date measured: 07-07-07				
Method of Measurement (circle one) etect tape electric tape air line other:				
Hole depth: 232 Well depth: 232 Well grouted to a depth of 22 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 222 feet Casing diameter: 2 inches Type of casing: PUC 540 BE				
Screen length: 10 feet Screen diameter: 2 inches Type of screen: WOP PUC				
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 Jaws.

Print Name of Water Well Contractor and License No.

RECEIVED

Signature of Water Well Contractor

AUG 1 3 2007

BY: OLWR

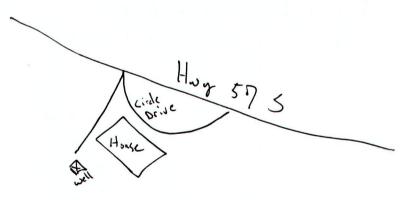
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topspind	0	5
Sand	5	25
Clay	25	48
Clay	48	218
Sand (med)	218	232
		14

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: Dorgen Wale

ignature of Water Well Contractor

RECEIVED

AUG 1.3 2007

BY: OLWR

STATE WELL REPORT

Part 2

County: George
Permit #:
Driller: Michaels. Havard
Date completed: 07-69 - 07

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 #: _	E-103		
Elevation			

(601)354-6938 (fax) 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 Location Well Owner Information Latitude: N36°51.27 Longitude: W88°47.80 Owner Name: Doscen Was Mailing Address: 9232 Hwy 57 South Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 Sec 21 Twn T2S Rng P8W Nearest Town Distance Direction Telephone No. (601) 945 - 2310 Power Type Pump Type Circle one Circle one Natural Gas Submersible Diesel Engine Gasoline Engine Air Lift Electric Motor Hand Tractor PTO Turbine Bucket Other (specify): Flowing Well Windmill Centrifugal Rotary Horse Power Rating of Motor: ______ 1 14 P Other (specify): Date Pump Installed: _07 -07 -07 135 Setting Depth: Number of Stages: Rated Pump Capacity: Gallons Per Minute Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: 07-07-07 Steel Tape Electric Measuring Line Static Water Level (A): 13 Feet Below Land Surface Other (specify): Pumping Water Level (B): 118 Feet Below Land Surface Drawdown [(B) - (A)]: For flowing well, measured shut in head: ___ Feet Below Land Surface GPM with a drawdown of Gallons Per Minute Well yielded Test Pumping Rate: hours of pumping Duration of Pump Test (minimum 4 hours): 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