County: George	Well Driller Report and Well Log	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: Well #: F 137
Date drilling completed: 12-28-04	P.O. Box 10631 Jackson, MS 39289-0631	L. S. Elevation:
	(601)961-5210 (601)354-6938 (fax)	E-log #:

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

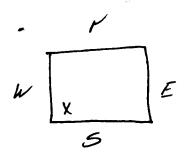
30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Dauphne Lee	Latitude: 30 • 54 · 14 " Longitude: 88 • 40 • 23 "
Mailing Address: Cross road 5	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Lucedale Ms	SW 1/2 NE 1/2 Sec 3 Twn 7W Rng 28
City State Zip Code	2.5
Telephone No. ()_	Distance Direction Nearest Town Miles N of Hwy 26 Pasc.
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply	y Irrigation Fish Culture Other:
Date well drilling started: Da	te well drilling completed:
If flowing, method of flow regulation: Valve Other	r (describe)
Static Water Level: 10 feet above or below (circle on	ie) land surface Date measured: 12-28-04
Method of Measurement (circle one) steel tape electric ta	ape air line other:
Hole depth: 140' Well depth: 140'	Well grouted to a depth of feet
Type of grout (circle one): Cement Bentonite	ix
Casing length: 136 feet - Casing diameter: 211	inches Type of casing: Olastic
Screen length: 10 1 feet Screen diameter: 2	
Screen slot size: <u>CC 6</u> inches Setting depth: From	nfeet tofeet _
Type of completion (circle all applicable): Gravel packed Uni-	derreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If	f telescoped or more than one screen, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma R	Ray Density Sonic Neutron Other:
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in accordance w	rith all applicable requirements of the Mississippi Department of
Environmental Quality and/or the Mississippi Department of Health regulation	ons and state laws.
Michael Pierce 0296	michael Purpeceive
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor
If well telescopes please sketch below and show depths.	JAN U 0 2000

If well telescopes please sketch below and show depths.

BY: OLWR

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: Dauphne Lee

Muchael Purel
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources

(601)961-5210

For Office Use Only: Aquifer: Elevation:

County: George P.O. Box 10631 Date completed: 12-29-04 Jackson, MS 39289-0631

(601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Well Location Owner Name: Dunche Lee Latitude: Longitude: ____ Mailing Address: Cross road 5 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 50 1/4 NE 1/4 Sec 3 Twn 710 Rng 25 Distance Direction Nearest Town Miles N of Hwy24 Pasc. River Telephone No. (_____)_ 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: 12-29-04 40 feet Setting Depth: _____ Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 12-29-DY Air Line Electric Measuring Line Steel Tape Static Water Level (A): _____ Feet Below Land Surface Other (specify): ___ Pumping Water Level (B): 15 Feet Below Land Surface Drawdown [(B)-(A)]: ______5 _Feet Below Land Surface For flowing well, measured shut in head: ______feet Test Pumping Rate: 1 D ____Gallons Per Minute Well vielded | GPM with a drawdown of 5 feet after 4 hours of pumping Duration of Pump Test (minimum 4 hours): _____ hours

I HEREBY CERTIFY that the above statements are true to the bes	t of my knowledge	
	tormy knowledge.	4
Michael tières 0296		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

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