County: Leage	Well Driller Rep	port and Well Log	For Office Use Only:		
Permit #:	Mississippi Department of Environmental Quality		Well #: G-/23		
Driller:		nd Water Resources ox 10631	L. S. Elevation:		
Date drilling completed: 11-26-09	Jackson, M	S 39289-0631			
Parce Water Well D.	(601)961-5210 E-log #:				
State Law requires that this repor 30 days of completion of drilling o	State Law requires that this report be prepared by the driller in detail and filed with the Department within				
Well Owner Information		Well	Location		
Owner Name Betsy Hos	e Smith	Latitude: 30 .49,46	2" Longitude 38 (33 '_35'		
Mailing Address: Gavin Ch	urchwel/P.	Method of Lat/Long (circle or	ne): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS		
Lucedale, City State	7 39457 Zip Code	NE 1/4 5W1/4 Sec 35	Twn 25 Rng 6W		
Telephone No. (60) 947-114	•	Distance Direction  Miles NW	Nearest Town of Agricola		
	Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 11-21	e-DY Dat	e well drilling completed:	11-26-04		
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: feet above or felow (circle one) land surface Date measured:					
Method of Measurement (circle one) ste	el tape electric ta	pe air line other:			
Hole depth: 30 Well depth: 30 Well grouted to a depth of 15 feet					
Type of grout (circle one): Cement	Bentonite Mi				
Casing length: 25 feet Casing diameter: 2" inches Type of casing: plantie					
Screen length: 5 feet Screen diameter: 3 inches Type of screen: plastic					
Screen slot size: 006 inches Setting depth: From 25 feet to 30 feet					
Type of completion (circle all applicable):		derreamed Telescoped O			
	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.					
Zamona Zaum, and/or the mississiph Depa	, or meaning regulation	<b></b>	. 0 <		
Michael Pierce	d P60	Muhael	flew		

If well telescopes please sketch below and show depths.

Print Name of Water Well Contractor and License No.

BY: OLWR

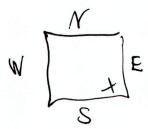
Signature of Water Well Contractor

1	_

Description of Formations Encountered		From	То
TOP SOIL		O	10
Top soil Clay, good Sand		10	20
good Sand		كح	30
	$\rightarrow$		<b></b>
	-+		
			-

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: Betsy Rose Smith

Michael Prenie

DEC 0 8 2004 BY: OLW R

## STATE WELL REPORT

## Part 2

Pump Installer's Completion Report

For Office Use Only:

Aquifer:

Well #:

Elevation:

Permit #:

Driller: Puice Wath Wolf &

Date completed: 11-27-04

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

(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.

installation of pump. A copy of Part 1 of this report m	ust be attached to this report.		
Well Owner Information	Well Location		
Owner Name: Betsy Rose Smith	Latitude:Longitude:		
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
	NE 1/4 SW 1/4 Sec 35 Twn 25 Rng GW		
City State Zip Code	District No.		
	Distance Direction Nearest Town		
Telephone No. ()	- H Miles NW of Agricola		
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: 11-27-04	Setting Depth: 25 feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
D			
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 11-27-01			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): 20 Feet Below Land Surface	Other (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):hours	feet after hours of pumping		

I HEREBY CERTIFY that the above statements are true	e to the best of my knowledge.	Berline Land Charles And Charles An
Philippel Home Dage	me I al Rui	MECHIVEL
FILLWAR FIRM Day 6	2 Muchall Krin	
Print Name of Pump Installer and License No. (if applic	able) Signature of Pump Installer	DEC n 8 2004