-	-
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County: Leage	Well Driller Re	port and Well Log	For Office Use Only:	
Permit #: Driller: Purce Water We	Mississippi Department of Environmental Quality Well #: Aquifer: Well #:		3	
Date drilling completed: 11-17-09	Jackson, MS 39289-0631		L. S. Elevation:	
(601)354-6938 (fax)				
30 days of completion of dril	ling of the well.	driller in detail and filed with		
Well Owner Infor		Wel	l Location	
Owner Name Craig V	ncert	Latitude: 30 ° 50 ', 01	_" Longitude 58° 33' 31"	
Mailing Address:		Method of Lat/Long (circle o	ne): Conventional Survey,	
Govin Churchwell Rd, USGS quad, Hand-held GPS, Survey-grade GPS		d GPS, Survey-grade GPS		
Lucidale MS 39452 NE 1/4 Sec 35 Twn 25 Rng 6W				
City State Zip Code NW Distance Direction Nearest Town				
Telephone No. (1462	Miles	of Agricola	
	Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started:				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 90 feet above of below (circle one) land surface Date measured: 5 ame				
Method of Measurement (circle one) steel tape electric tape other:				
Hole depth: 285' Well depth: 285 Well grouted to a depth of 15 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 275 feet Casing diameter: 4" inches Type of casing: Plastic				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: plastic				
Screen slot size: 006 inches Setting depth: From 275 feet to 285 feet				
Type of completion (circle all applical	ole): Gravel packed Un	derreamed Telescoped C	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

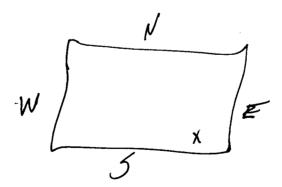
If well telescopes please sketch below and show depths.

Ground Level	G	124	

Description of Formations Encountered	21210
Clay 10 20 35 5 125 165 175 165 27	1 1 0
Sand 20 35 Clay 35 125 Sand 125 165	1 1 0
Clay 35 125 Sand 125 165	50
Sand 125 163	0
145 27	0
good sand 270 28	
good sand 270 28	> _
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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.



andowner Name: Craig Vincent

Signature of Water Well Contractor

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For Office Use Only:

Aquifer:

Well #:

Elevation:

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Permit #:

Driller: Verce Water Well

Date completed: 11-18-04

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

	detail and filed with the Department within 30 days of the last be attached to this report.
Well Owner Information	Well Location
Owner Name: Craig Vincer Mailing Address:	Latitude:Longitude:
	Method of Lat/Long (circle one): Conventional Survey,
Same	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NE 1/4 5E 1/4 Sec 35 Twn 25 Rng 6W
ony one zapeout	Distance Direction Nearest Town
Telephone No. ()	3 Miles MN of Agricola
Pump Type Circle one	Power Type Circle one
Air Lift Jet 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: 11-18-04	Setting Depth: 150 feet
Rated Pump Capacity: Gallons Per Minute	Number of Stages:
P	
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 11-18-04	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): 110 Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]: 20 Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	20 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael Pierce D2916

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

BY: OLWH