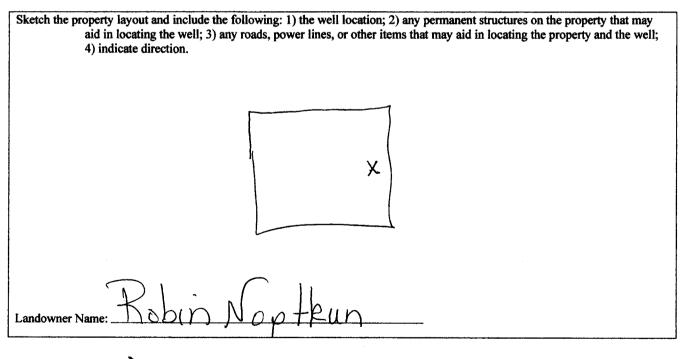
[]		
County: Beorge 039 Well Driller R	Report and Well Log	For Office Use Only:
	ent of Environmental Quality	Well #: <u>H- 78</u>
7-7-15 P.O	1 and Water Resources . Box 10631	L. S. Elevation:
(60	MS 39289-0631 1)961-5210	E-log #:
Preice Water Well Service (601)3	354-6938 (fax)	Version and the standard stand
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.	ne driller in detail and filed wit	h the Department within
Well Owner Information	Wel	I Location
Owner Name Kobin NoptRhun	Latitude: <u>30 • A9 • 58</u>	4." Longitude:88 • 28 · 5
Mailing Address:	Method of Lat/Long (circle o	ne): Conventional Survey,
(FWard Ed.	USGS quad, Hand-held	d GPS, Survey-grade GPS
Lucedale MS	<u>SE 1/4 NE 1/4 Sec_3</u>	<u>3 Twn 25 Rng 51</u>
City State Zip Code	Distance Direction	Nearest Town
Telephone No. ()	Distance Direction	of Agricela
We	ll Data	
Purpose of Well (circle one) Home Industrial Public Supp	ply Irrigation Fish Culture	e Other:
Date well drilling started: $2 - 7 - 05$	Date well drilling completed:	2-7-05
If flowing, method of flow regulation: Valve Oth		
Static Water Level:feet above of below (circle of		· · ·
Method of Measurement (circle one) steel tape electric		
	Well grouted to a depth of	
	Mix	de tià
Casing length: 390 feet Casing diameter: -2	inches Type of casing	s paste
Screen length: <u>10</u> feet Screen diameter: <u>2</u>	inches Type of screer	= plastic
Screen slot size: <u>COC</u> inches Setting depth: Fro	omfeet to	feet
Type of completion (circle all applicable): Gravel packed U	inderreamed Telescoped O	pen hole Natural Develop
Other (describe):		
Top of lap pipe or reduction in casing:feet.	If telescoped or more than one	screen, describe on back of
Logs run (circle all applicable): No log run Electric Gamma	Ray Density Sonic Neutron	n Other:
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in accordance Environmental Quality and/or the Mississippi Department of Health regular		e Mississippi Department of
	S /	\wedge
Inichael Pierce 0296	michael	Puici
Print Name of Water Well Contractor and License No.	Signature of	Water Well Ontat GEI
If well telescopes please sketch below and show depths.	· · · · · · · · · · · · · · · · · · ·	

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11 7-			•
Ground Level H- 78	Description of Formations Encountered	From	<u>To</u>
	TO D Soil	0	10
	dlay	10	20
	Sand	20	25
	Clay	25	380
	good Sand	380	
	fee a cana	200	
	······································		
	······································		

If more than one screen, show location of each on sketch



unie Mil

Signature of Water Well Contractor

STATE WELL REPORT				
County: <u>Corge</u> Permit #:	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality		For Office Use Only: Aquifer:	
Driller: Plerce Well	Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631		Well #: H-78	
Date completed: $2 - 8 - 05$	(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: Kobin No	P+Run_ Latitude:		_Longitude:	
Mailing Address:	Method of Lat/Long (circle on		e): Conventional Survey,	
		USGS quad, Hand	held GPS, Survey-grade GPS	
City State	7:-0.1	JE 14 NE 14 Sec 33	3_Twn_25_Rng_5W	
City State	Zip Code	Distance Direction	Nearest Town	
Telephone No. ()	Manufacture (1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	2_Miles_NE of Agricola		
Pump Type		Por	wer Type	
Circle one		Ci	ircle one	
Air Lift	Submersible	Diesel Engine Gasolin	e 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: 2-9-05	Setting Depth: * 80 '		feetfeet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	2	
Pump Test Data			asuring Water Level	
Date Well Tested: 2-9-	05		rcle one	
Static Water Level (A): 50 Feet J			suring Line Steel Tape	
		Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet		
Test Pumping Rate: (O •	Gallons Per Minute Well yielded GPM with a drawdown of		GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): .	<u> </u>	feet after	hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
<u>Print Name of Pump Installer and License No. (if applicable)</u> <u>Muchael Muce</u> Signature of Pump Installer				

1 Cruc	TIAC	UNIO
Print Name of Pum	p Installer and License	No. (if applicable)

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RECEIVED