Permit #:

## Well Driller Report and Well Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:
Aquifer:
L. S. Elevation:
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 Joseph Ramey	Latitude: 30 • 45 , 13 " Longitude: 88 • 30 , 20 "	
Mailing Address: 138 Dorwy Stan Po	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Rucedale MS	5E 14 ME 14 Sec 29 Twn 35 Rng 5 W	
City State Zip Code		
Telephone No. ()	Distance Direction Nearest Town  Miles of Jackson Colone on 613	
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:		
Date well drilling started: 1-19-05 Date	te well drilling completed:///	
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level:		
Method of Measurement (circle one) steel tape electric ta	ppe air line other:	
Hole depth: 150 Well depth: 150 Well grouted to a depth of 15 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 140 feet - Casing diameter: 2 inches Type of casing: plastic		
Screen length: 10 feet Screen diameter: 2 inches Type of screen: $\rho/a \le f/C$		
Screen slot size: OC ( inches Setting depth: From	feet tofeet	
,		
Type of completion (circle all applicable): Gravel packed Unc	derreamed 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 laws.		
Michael Pierce 0296 Michael Frence		
Print Name of Water Well Contractor and License No.	Signature of Water Well Partiator EIVED	

If well telescopes please sketch below and show depths.

FEB 16 2005

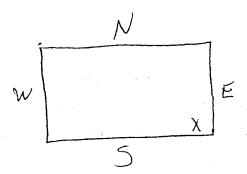
BY: OLWR

Ground Level M -	146	
•		

Description of Formations Encountered	From	То
TOP Soil	0	10
Cloy	10	25
Sand	25	35
Clay:	35	100
Sand	(00)	150
		` 1

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: OSLO ROLLEY

Signature of Water Well Contractor

## County: \_\_\_\_\_\_ Permit #: \_\_\_\_\_\_ Driller: \_\_\_\_\_\_ Date completed: \_\_\_\_\_\_

## STATE WELL REPORT Part 2 Pump Installer's Completion Report

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

For Office Use Only:
Aquifer: 146 Well #: M - 146
Elevation:

Driller:		P.O. Bo	x 10631	Elevation:	
Date completed:		Jackson, MS	39289-0631		
Date Completee.		. (601)96	61-5210		
		(601)354-	6938 (fax)		) days of the
(601)354-6938 (tax)  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 Location			, days or the		
installation of Dul	mp. A copy of	Part I of this report mus	t be attached to th	Well Location	
Well C	wner Informa	ation		Well Location	
			w	Longitude:	
Owner Name: 050	5017 I	wited 1	Latitude:	Longitudo	
	1	)	Mathed of I at/I or	ng (circle one): Conventions	il Survey,
Mailing Address:					1
			USGS	quad, Hand-held GPS, Sur-	vey-grade GPS
			SE WNE	1/4 Sec 29 Twn 3	_Rng
- Cin.	Sta				1
City	Sta	ite Zip Code	Distance	Direction Nearest To	wn
				N of Jackson	Elter out
Telephone No. ()_			Miles _	Of_COSEN	C -ME OILION
reiephone No. ()_			f		
	· · · · · · · · · · · · · · · · · · ·				
	Pump Type			Power Type	
	Circle one			Circle one	
				Carolina Engine	Natural Gas
Air Lift	/ Jet /	Submersible	Diesel Engine	Gasoline Engine	1 10000
A 2.20 - 20-10-1		•		Hand	Tractor PTO
Bucket	Piston	Turbine	Electric Motor	панч	
		•	Windmill	Other (specify):	
Centrifugal	Rotary	Flowing Well		• •	1
			Horse Power Rat	ing of Motor:	
Other (specify):			110130101101	127	
Date Pump Installed:	1-20	1-05	Setting Depth:	120	feet
Date Pump Installed:	<u> </u>	<u>/</u>		2	
- IB - Ganasitus	17)	Gallons Per Minute	Number of Stage	ss: <u>S</u>	
Rated Pump Capacity:	<del></del>				
				TAY . T	aval.
	Pump Test Da	ata	Mo	ethod of Measuring Water L	CVC1
	•			Circle one	
Date Well Tested:	1-20-	- UD		Electric Measuring Line	Steel Tape
	90		Air Line	DICCUIC INICASUI III DI LIIIC	
Static Water Level (A):	-10	_Feet Below Land Surface	Other (manife)		
	100		Otner (specify):		
Pumping Water Level (	(B): (100)	_Feet Below Land Surface			
	10	_Feet Below Land Surface	For flowing we	ll, measured shut in head:	feet
Drawdown [(B) - (A)]:	:	Treet Reion Patro Source	1 Or HOWING WA	$\sim$ /	
	×	Gallons Per Minute	Well yielded		a drawdown of
Test Pumping Rate:		Canons I or withate	10	$\sqcup I$	1
Daniel of Change Took	(minimum A k	hours): hours	0	feet after	hours of pumping
Duration of Pump Test (minimum 4 hours):hours					
					<u> </u>
THE PARTIES CERTIES that the above statements are true to the best of my knowledge.					

I HEREBY, CERTIFY that the above statements are true to	o the best of my knowledge.
	al my 1 0 King RECEIVED
michael Herch Ox	The michael Prenic RECEIVED
	an Indeller
Print Name of Pump Installer and License No. (if applical	ole) Signature of Pump Installer FFB 16 2005
Print Name of Lamb Instance and Process	FED 10 2003