County: Depree	Part 1		roi Olice Ose Omy.		
County:	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land and Water Resources		Well #:		
Driller: M. k		Sox 10631	. `		
Date drilling completed: 9-9-04		IS 39289-0631 961-5210	L. S. Elevation: Mago		
Date drining completed.		4-6938 (fax)	E-log #:		
as heale (Netw Who)	MATTER				
State Law requires that this repo		driller in detail and filed w	ith the Department within		
30 days of completion of drilling Well Owner Informa		Well	Location		
	<del></del>				
Owner Name Shoby Le	Owner Name Moby Lec		** Longitude 27 1/496		
Mailing Address 1541 Shand Baywilmer R		Latitude: 30 • 49 · Dic Longitude 286 • 29 · LGGG Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand-held GPS, Survey-grade GPS			
Wilner A	Wilner AL 36608		NW 4 NE 4 Sec 33 Twn 125 Rng R 5 W		
City Sta	te Zip Code	Distance Direction	Nearest Town		
Telephone No. ()		Distance Direction Nearest Town  Miles 2 of Grant Town			
	Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: Date well drilling completed:					
If flowing, method of flow regulation: Val	If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 70 feet al	ove or below (circle one)	land surface Date measured;	9-9-04		
Method of Measurement (circle one) se					
Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet			10 feet		
Type of grout (circle one): Cement	Bentonite Mix	<b>)</b>			
Casing length: 90 feet Casing diameter: 2 inches Type of casing: PUCYO					
Screen length: D feet Screen diameter: 2 inches Type of screen: PV			PV		
Screen slot size: 8 inches Setting depth: From 90 feet to 100 feet					
Type of completion (circle all applicable): Gravel packed Underreamed 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 R FRYquele 0408 Michael R Frytol 0408					
Print Name of Water Well Contractor and	License No.	Signature of	f Water Well Contractor		

**State Well Report** 

If well telescopes please sketch below and show depths.

Ground Level	H-77
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	,

Description of Formations Encountered	From	To
tap Rand	8	5
Clas	5	8
land	18	22
elegy	122	20
gift!	60	[[
Clay	12/	12
aard (	70	100
	-	1
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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 aid in locating the well; 3) any roads, power lines, or other items that may aid 4) indicate direction.	structures on the property that may in locating the property and the well;
	₹ <u>.</u>
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Double Brank R	
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8h.01 L.	
Landowner Name:	

Michael R Trade 0 408
Signature of Water Well Contractor

## STATE WELL REPORT

Pump Installer's Completion Report
Mississippi Department of Environmental Quality County: \_

For Office Use Only:		
Aquifer:		
Well#: 4-77		
Elevation:		

Permit #:	Office of Land a	nd Water Resources	Aquile	a:
· Landau de la companya de la compan	P.O. Box 10631			11,77
Driller:	Jackson, M	IS 39289-0631	Well#	11-77
Date completed:	(601)961-5210			
Date completed.	(601)35	4-6938 (fax)	Elevati	ion:
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.			30 days of the	
Well Owner Informa	tion		Well Location	n
Owner Name: Shelby Lee		Latitude 30 49 17 1N Longitude 088 - 29 149 W		
Mailing Address: 154/ Land Bay Wilner Rd				
	\$	USGS quad, Hand-held GPS, Survey-grade GPS		
Wilmy al 36608		14 Sec 33 Twn T25 Rng R5W		
City State	Zip Code	Distance I	Direction Nea	rest Town
Telephone No. ()_		Miles _/	of CC	ricle
		<u> </u>		
Pump Type			Power Typ	A
Circle one			Circle one	
Air Lift et	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 Ratin	g of Motor:	
Date Pump Installed: 9-9-0	34	Setting Depth:	<b>9</b> 0	feet
Rated Pump Capacity:			2	
		Trumber of Surges.		in in the second
Pump Test Data		Me	thod of Measuring Circle one	
Date Well Tested:		Air Line E	lectric Measuring L	ine Steel Tape
Static Water Level (A):Feet Below Land Surface			_	•
Pumping Water Level (B): Feet Below Land Surface		Outer (specity):		
Drawdown [(B) - (A)]: Feet Below Land Surface		For flowing well, r	neasured shut in hea	id:feet
<u>.</u>		Well yielded	8 GPM	with a drawdown of
16		· .		
Duration of Pump Test (minimum 4 hours):hours			icet after	hours of pumping
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	