State	Well Report	For Office Use Only:
County Greene	Part 1	
I Mississippi Departm	ent of Environmental Quality	Aquifer: Well #: <b>P-78</b>
	d and Water Resources	Well #: <b>F- /8</b>
Driller LV/MACL . TAKICA	. Box 10631	
Jackson	, MS 39289-0631	L. S. Elevation:
	01)961-5210	
(601)354-6938 (fax) E-log #:		
State Law requires that this report be prepared by t 30 days of completion of drilling of the well.	he driller in detail and filed w	vith the Department within
Well Owner Information	Wel	l Location
Owner Name Ralph Hillman		" Longitude: 88 • 32 · 68 "
Mailing Address: P.O. Box 395	Method of Lat/Long (circle of	ne): Conventional Survey,
	USGS quad, Hand-held	GPS Survey-grade GPS
	SE 1/ SW 1/4 Sec 13	Twn T2N RngRGW
Leakesville MS 39451 City State Zip Code	Distance Direction	Nearest Town
	<u> </u>	of Leakesville
Celephone No. (COL) 394-1443		
We		
human of Wall (simple and) Tome A Industrial - Dublic Supply	Irrigation Fish Culture	Other:
Purpose of Well (circle one) Home Industrial Public Supply	8	
Date well drilling started: <u>06-15-67</u> Date f flowing, method of flow regulation: Valve Other	e well drilling completed:	15-07
Date well drilling started: 06-15-07 Date for the Date of flow regulation: Valve Other	e well drilling completed:	15-07
Date well drilling started: 06-15-07 Dat	e well drilling completed:	15-07
Date well drilling started: <u>06-15-87</u> Date f flowing, method of flow regulation: Valve Other Static Water Level: <u>5</u> feet above or below (circle on	e well drilling completed: (describe) e) land surface Date measured:	06-15-07
Date well drilling started: <u>06-15-87</u> Date f flowing, method of flow regulation: Valve Other Static Water Level: <u>5</u> feet above or below (circle on	e well drilling completed:	06-15-07
Date well drilling started: <u>06-15-87</u> Date f flowing, method of flow regulation: Valve Other Static Water Level: <u>5</u> feet above or below (circle one Method of Measurement (circle one) state tage electric tage	e well drilling completed: (describe) e) land surface Date measured: pe air line other:	06-15-07
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Date well drilling started: 06-15-07 Date f flowing, method of flow regulation: ValveOther static Water Level:feet above or below (circle one) Method of Measurement (circle one) station electric take Hole depth:90 Well depth:90 Fype of grout (circle one): Cement Bentonite Casing length:feet Casing diameter: Gereen length:feet Screen diameter: Screen slot size:feet Screen diameter: Gereen slot size:inches Setting depth: From Type of completion (circle all applicable): Gravel packed Uni- Coss run (circle all applicable): Mo log uni Electric Gamma R Name of organization running log(s): certify that the well was drilled, constructed, and completed in	te well drilling completed: (describe) e) land surface Date measured: pe air line other: Well grouted to a depth of Well grouted to a depth of inches Type of casing: feet to derreamed Telescoped Oper <b>telescoped or more than one ser</b> ay Density Sonic Neutron <b>in accordance with all applicable</b>	15-07         06-15-07         20       feet         SYO       PVC         BE
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## P-78

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Top-pand	0	8
Sand	8	32
Clayr	32	47
Sand	67	22
ClayT	2	75
Sand	75	90

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. River 1x well House ph Hillman Ra Landowner Name:

Signature of Water Well Contractor

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STATE WELL REPORT			
County:       Green C       Pump Installer'         Permit #:       Mississippi Departmen         Driller:       Mississippi Departmen         Diffice of Land       P.O.         Jackson, N       Jackson, N         (601)       (601)	Part 2       For Office Use Only:         's Completion Report       Aquifer:         Int of Environmental Quality       Aquifer:         and Water Resources       Well #:         Post 10631       Well #:         MS 39289-0631       Elevation:         961-5210       Elevation:         54-6938 (fax)       Elevation:		
installation of pump. Well Owner Information	Well Location		
Owner Name: Ralph Hillman	Latitude: W 31° 07. 69 Longitude: W 32. 68		
Mailing Address: P.O. Box 395 L-akesville MS 34451 City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/41/4 Sec_13Twn_72N Rng_KLJ Distance Direction Nearest Town		
Telephone No. (60) 394-1443	<u></u>		
Air Lift Circle one Submersible	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify): Date Pump Installed: <u> しーバラーのう</u> Rated Pump Capacity: <u> し</u> Gallons Per Minute	Horse Power Rating of Motor: Setting Depth:feet Number of Stages:		
Pump Test Data         Date Well Tested:       6-15-87         Static Water Level (A):       05         Feet Below Land Surface         Pumping Water Level (B):       15         Feet Below Land Surface	Method of Measuring Water Level         Circle one         Air Line       Electric Measuring Line       Steel Tape         Other (specify):		
Drawdown [(B) – (A)]: <u>IO</u> Feet Below Land Surface Test Pumping Rate: <u>IO</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>Y</u> hours	For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best $O - 673$ Print Name of Pump Installer and License No. (if applicable)	of my knowledge.		

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