Mayor	1	State W	en Kehort	For Office Use Only:	
	Magazin	P:	art 1	For Office Ose Omy.	
County		of Environmental Quality	Aguifer:		
	Permit #:			C-14	
	. 0 1	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Well #: 5- 14	
	Driller: Miles & Wary		The state of the s		
D-ILLEGE STATE			S 39289-0631	L. S. Elevation:	
- Continue	Date drilling completed: 7-8-05		961-5210		
Aller de la constitución de la c	·	(601)354	1-6938 (fax)	B-log #:	
Lance			*		
	State Law requires that this rep	ort be prepared by the	driller in detail and filed w	ith the Department within	
	30 days of completion of drilling	of the well			
paner ye	Well Owner Informa		Wel	Location	
		Λ	J		
-	Owner Name Dewayne Co	Illiam	Latitude:	" Longitude: ""	
		000	8		
7	Mailing Address: 578 Stee	ne Todald	Method of Lat/Long (circle or	ne): Conventional Survey,	
^	The state of the s				
	7		USGS quad, Hand-held GPS, Survey-grade GPS		
	0 1 - 20	11 20000			
	Leaberrilly	10/8 37731	1414 Sec_ 1	Two IN Rn 7W	
		ate Zip Code			
			Distance Direction	of Ceahearel	
-	Telephone No. ()		7 Miles 5 W	of Gearence	
	•				
*****		Well	Data		
1	Purpose of Well (circle one) Home In	dustrial Public Supply	Irrigation Fish Culture	Other:	
				7.8.05	
	Date well drilling started: 7-8-0	Date	well drilling completed:/	0 00	
or and annual	If flowing, method of flow regulation: V	alveOther (c	lescribe)		
ł	Static Water Level: 40 feet :				
-	Static Water Level:	above or below (circle one)	Inito surface Date inclusion		
Mary Mary	Method of Measurement (circle one)	steel tape electric tape	air line other:		
No.					
-	Hole depth: 65 Well d	enth: 65	Well grouted to a depth of	/ C feet	
and and and	Tiole deput.				
- description	Type of grout (circle one): Cement	Bentonite Mix			
Service Control				PVCYO	
-	Casing length: 60 feet Cas	sing diameter: 2	inches Type of casing:	10070	
-				PUC wrapped	
-	Screen length: 5 feet Sc	reen diameter:	inches Type of screen:	10 - Waggeed	
Landenhair				5 feet	
A SECOND	Screen slot size: # 10 inches	Setting depth: From	tect to	5 J Icea	
distribution of the last				1	
	Type of completion (circle all applicable): Gravel packed Under	erreamed Telescoped Ope	an note Natural Development	
		0.4 (1			
		Other (describe):			
-	Top of lap pipe or reduction in casing:	fact If	telecomed or more than one s	creen, describe on back of page	
- Carlotte	Top of lap pipe or reduction in casing:	icci. II	telescoped of more diam one s		
and the same	Logs run (circle all applicable): No log	Thereis Gemma Pa	Deneity Sonic Neutron	Other:	
- Constitution	Logs run (circle all applicable): No log	TUB ELECTIC CAMMIA KA	y polisity bome mounts		
	Name of apparization amoing log(s):			7	
	Name of organization running log(s): I certify that the well was drilled, cons	terroted and completed in	accordance with all applicab	le requirements of the Mississippi	
	Department of Environmental Quality	and/or the Mississippi D	epartment of Health regulatio	ns and state laws.	
			- 0 1		
	mail IDEAD	sels 0408	Misha	of RAndal 0408	
	Michael RFRyfo	1918 0700			
	Print Name of Water Well Contractor at		Signature	of Water Well Contractor	
	1	The same of the sa	_		

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aid in locating the well; 3) an 4) indicate direction.	TOROS, POWER LINES, OF OHICK TWEED CO.		roperty that may serty and the well;	
aid in locating the well; 3) an 4) indicate direction.	No Lulliane		roperty that may serty and the well:	

Description of Formations Encountered

If well telescopes please sketch below and show depths.

Ground Level

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STATE WELL REPORT

Part 2

County: Seen Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources Permit #: P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 7-11-05 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:				
Aquifer:				
Wall#: 5-14				
Blevation:				

installation of	ionia de preparea o: pamp.	y the pump instance in deta	ill and filed with the Department within 30 days of the		
Well Owner Information			Well Location		
Owner Name: Denayne William			Latitude: Longitude:		
		medal e Rd			
Mailing Address:	J / O Stree	moralge For	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		

City State Zip Code			14 Sec // Twn T/N Rng R 7 W		
			Telephone No. ()		a the state of the
are the state of t	and the second section of the second section is a second section of the section of the second section of the section of the second section of the section o				
Решар Туре			Power Type		
-	Circle one		Circle one		
Air Lift	(Jet)	Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket	Piston	Turbine	Hectric Motor Hand Tractor PTO		
Centrifugal	Rotary	Flowing Well	Windmill Other (specify):		
Other (specify):		The Printer of the Control of the Co	Horse Power Rating of Motor:		
Date Pump Installed	d: 7-11-6-	5	Setting Depth: 60 feet		
Rated Pump Capaci	ity: <u>8-12</u>	Gallons Per Minute	Number of Stages: 2		
	Pump Test Da	ILA	Mothed of Measuring Water Level		
Date Well Tested:	7-11-0	5	Circle one		
	_		Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): 40 Feet Below Land Surface					
Pumping Water Level (B): 50 Feet Below Land Surface		eet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]: <u>[</u>	Peet Below Land Surface	For flowing well, measured shut in head:fect		
Test Pumping Rate	<u> </u>	Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):			// feet after /// hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Michael RFCyfoc / & 0408 Print Name of Pump Installer and License No. (if applicable)	Michael Randon 0408 Signature of Pump Installe
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installe
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