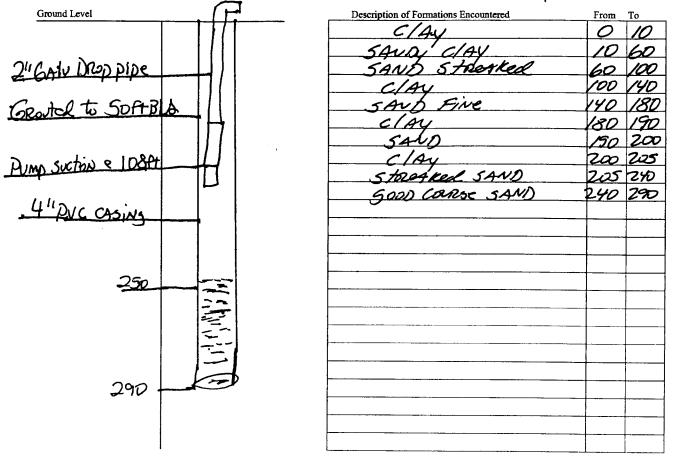
• 			For Office Use Only:
County: Hangoch	Well Driller Re	Well Driller Report and Well Log	
Permit #:	Mississippi Departmen	t of Environmental Quality	Aquifer: Well #: F 67
Driller:	Office of Land a	Office of Land and Water Resources	
Date drilling completed:		P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210	
······································	(601)		
	(601)35	4-6938 (fax)	
		driller in detail and filed wit	h the Department within
30 days of completion of drilling of the well. Well Owner Information		Well Location	
Dwner Name MAGNOIA LANDFill / Allied WASTE		Latitude: 30° 26, 37" Longitude: 89° 27, 51"	
*_			•••
Mailing Address: 7030 M	55155100, PUNDING Rd.	Method of Lat/Long (circle of	one): Conventional Survey,
	•, <u></u>	USGS quad, Hand-hel	d GPS, Survey-grade GPS
KILN	MS 39556	<u>SE 1/4 Sec_11</u>	Twn D& Rng 15W
City	State Zip Code		
Telephone No. (228) 255-0700		Distance Direction Nearest Town MilesOfKi/N	
7811	Wilaw	Data	
Purpose of Well (circle one) Home			
		-	
Date well drilling started:/	-7-05 Da	te well drilling completed:	11-9-25
f flowing, method of flow regulation	on: Valve <u>NA</u> Othe	r (describe)	
Static Water Level:	_feet above of below (circle on	e) land surface Date measu	red:7-25
Method of Measurement (circle one			· · · · · · · · · · · · · · · · · · ·
			Pros
Hole depth: <u>290</u> W		Well grouted to a depth	of <u>50</u> feet LIV
ype of grout (circle one): Ceme	ent Bentonite M	ix	MAY 1 5 200
asing length: <u>250</u> feet	Casing diameter: <u>4</u>	inches Type of casin	DUC BY: OLW
creen length: <u>40</u> feet		inches Type of screen	, DUC
_	•		
			<u>Z</u> / <i>D</i> feet
ype of completion (circle all appli	cable): Gravel packed Un	derreamed Telescoped C	pen hole Natural Development
	Other (describe):		
op of lap pipe or reduction in casi	ng: <u>1/4</u> feet. If	telescoped or more than one	screen, describe on back of page
ogs run (circle all applicable): No			n Other:
ame of organization munning log(
certify that the well was drilled, construc	ted, and completed in accordance w	ith all applicable requirements of th	e Mississippi Department of
nvironmental Quality and/or the Mississ	ippi Department of Health regulatio	ns and state laws.	
111 1 C	4.1	la c	DIIM
VA/Ker Hill Environ		- they h	TTOLY
rint Name of Water Well Contract	or and License No.	Signature of	Water Well Contractor

If well telescopes please sketch below and show depths.

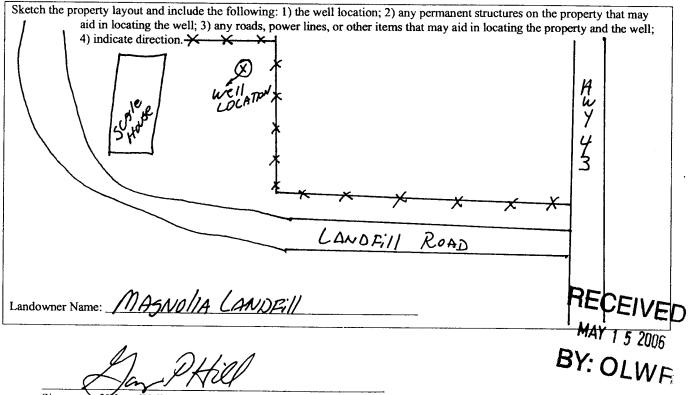
,

County:]	STATE WELL REPORT Part 2 Pump Installer's Completion Report		For Office Use Only:	
•		i ump instanci s Completion Report		Aquifer:	
Permit #:		Mississippi Department of Environmental Quality		Well #: <u>F67</u>	
Driller:		Office of Land and Water Resources P.O. Box 10631		Elevation:	
Date completed:		Jackson, N	L		
This report m	ust be prepared	(601)35 by the pump installer in	961-5210 4-6938 (fax) detail and filed with the De	partment within 30 days of the	
	pump. A copy o ell Owner Inform		ust be attached to this report	t. I Location	
Owner Name: MAGNOLIA LANDEII / Allred WASTE			Latitude: 302637 Longitude: 892751		
Mailing Address: 7030 Mississippi Rumpung Rd			Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>		
,		P 0000	Distance Direction	Nearest Town	
Telephone No. (228	2550	700	Miles	of Kill	
Pump Type		Power Type			
	Circle one		Ci	rcle one	
Air Lift	Jet	Submersible	Diesel Engine Gaso	line Engine Natural Gas	
Bucket	Piston	Turbine	Electric Motor Hand	1 Tractor PTC	
Centrifugal	Rotary	Flowing Well	Windmill Othe	r (specify):	
Other (specify):			Horse Power Rating of Motor:		
Date Pump Installed: _	11-9-0.	5	Setting Depth:		
Rated Pump Capacity:	55	Gallons Per Minute	Number of Stages:	MAY 1 5 20	
	Pump Test Data			BY: OLM	
Date Well Tested: $1/-9-05$				asuring Water Level	
Static Water Level (A):Feet Below Land Surface				easuring Line Steel Tape	
Pumping Water Level ((B): <u>65</u> F	eet Below Land Surface	Other (specify):		
Drawdown [(B) (A)]:Feet Below Land Surface			For flowing well, measured	shut in head:feet	
Test Pumping Rate:65Gallons Per Minute			Well yielded GPM with a drawdown of		
	Duration of Pump Test (minimum 4 hours):			hours of pumping	
		nours			

F.67



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



Signature of Water Well Contractor