State W	ell Report
	art 1 For Office Use Only:
Mississippi Departmen	t of Environmental Quality Aquifer:
	nd Water Resources ox 10631 Well #: B-274
Driller: // EJIM PENER 4 LOUIS Jackson, M.	IS 39289-0631 L. S. Elevation:
	961-5210 4-6938 (fax) E-log #:
(601)33	4-6938 (fax) 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. Well Owner Information	Well Location
11.104 10460	Latitude: Longitude: "Longitude: "
Mailing Address: 19472 Pete Hokmon RD.	Latitude:" Longitude:" Method of Lat/Long (circle one): Conventional Survey,
Maining Address:	Without of Law Long (cheir one). Conventional Survey,
- 11 22621	USGS quad, Hand-held GPS, Survey-grade GPS
Sauciel US. 39574 City State Zip Code	
Telephone No. (278) 831 - 9682	Distance Direction Nearest Town O Miles Of OPT
· Well I	Pata
Purpose of Well (circle one) (Home Industrial Public Supply	Irrigation Fish Culture Other:
• •	well drilling completed: $0+122106$
If flowing, method of flow regulation: Valve Other (d	7 1
Static Water Level: 8 C feet above or below (circle one) i	and surface Date measured: 07/22/06
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 350 Well depth: 350	Well grouted to a depth offeet
Type of grout (circle one): Sement Bentonite Mix	0.10
Casing length:	_inches Type of casing:
Screen length: 20 feet Screen diameter: 2	_inches Type of screen:
Screen slot size: 1 000 inches Setting depth: From	330 feet to 350 feet
Type of completion (circle all applicable): Gravel packed Unders	eamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: 200 feet. If tel	escoped 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):	-11/ED
l certify that the well was drilled, constructed, and completed in ac	
Department of Environmental Quality and/or the Mississippi Depa	retrient of Health regulations and state laws.
MS6,111 Among or Wall 0239	mucho MS11 Stan ON WA
Print Name of Water Well Contractor and License No.	Signature of Water. Well Contractor

If well telescopes please sketch below and show depths.

	1		, 1	ſ	11	
$^{\circ}$		_	4	L		

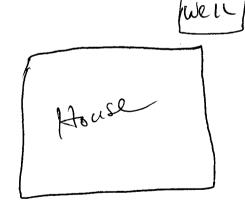
700	=	T		
150	_	2	l	(

Ground Level

Description of Formations Encountered	From	To
Description of Formations Encountered SINO (WHITE)	0	60
Soup (WHOE)	00	320
MUD (Blue) Soup (WHOTE)	320	358
	 	
	<u> </u>	
	 	
	<u> </u>	
	 	
	 	
	 	\vdash
	 	\vdash
	<u> </u>	
		\vdash
	 	-
	 	
	 	\vdash
	ļ	
	ļ	\vdash
	<u> </u>	
	ļ	
	ļ	\sqcup
	ļ	
	<u> </u>	

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

ketch 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.



ndowner Name: Mitch LADNER

RECEIVED

AUG 1 2006

BY: DLWR

STATE WELL REPORT

univ: Harrison		Part 2	For Office Use Only:	
unty: [(71 1 1 1 1 1 1 1 1 1 1		r's Completion Report ent of Environmental Quality	Aquifer:	
mit#: 03/37		and Water Resources	Aquirer.	
Her MEGAL SCHAPFILLEIN		. Box 10631	Well #: B- 274	
12/22/106		MS 39289-0631 1)961-5210	Well 8: U	
e completed: OT COLO	•	54-6938 (fax)	Elevation:	
This was out should be accessed by the		-21 3 PM - 3 - 10 - 0 - 10		
This report should be prepared by the installation of pump.	e punip instaner in det	and fried with the Departmen	it within 30 days of the	
Well Owner Informat	ion	Wel	Location	
er Name: Witch Ladi	rer	Latitude:	Longitude:	
ing Address: 19472 Pete	Hicking RD			
ing Address: 179 12 1210	HICKMAN RD	Method of Lat/Long (circle on	e): Conventional Survey,	
		USGS quad. Hand	-held GPS, Survey-grade GPS	
Sauciei Ms.	39574			
City State	Zin Code	¼¼ Sec_3		
on, State	zap couc	Distance Direction	Nearest Town	
ohone No. (ZZ8) 831- a	1682	10	C. 22-	
none No. (220)		10 Miles N of	$\frac{ar}{a}$	
Pump Type		•	ver Type	
Circle one		Cir	rele one	
ift Jet (Submersible	Diesel Engine Gasoline	Engine Natural Gas	
et Piston	<u> </u>		Tradular Gas	
Piston	Turbine	Electric Motor Hand	Tractor PTO	
fugal Rotary	Flowing Well	Windmill Other (s	specify):	
(specify):			11/2	
		Horse Power Rating of Motor:		
Pump Installed: $67/22/0$	6	Setting Depth:	feet	
Pump Capacity:	Gallons Per Minute	Number of Steams 10		
	Janois I Ci Minge	Number of Stages:		
D D				
Pump Test Data	1	Method of Meas	suring Water Level	
Vell Tested: 07 22	06	Circ	cle one	
Water Level (A): Feet B	elow Land Surface	Air Line Electric Measu	uring Line Steel Tape	
1110	CIOW LANG SUITACE	Other (specify):		
ng Water Level (B): / Feet Be	low Land Surface	outer (spectry).		
21)				
45. 4	elow Land Surface	For flowing well, measured shut	in head:feet REC	CIVIF
umping Rate: 20 G	allons Per Minute	Well yielded 20		
on of Pump Test (minimum 4 hours):	4	70	11	3 0 20
	hours	feet after	hours of pumping AUD	ن ي ر
				OLV
EBY CERTIFY that the above statemen	te are true to the t			
of the statement	m are note to the dest of	my knowledge.	0 4 . 4 -	1
	11.4 00	726	has Done	<i>.</i>
misul June	Well O's	437 M	had (F- OM)	sel