State Well Report

County: Harrison		art 1	For Office Use Only:		
County: COUV	Part 1 Mississippi Department of Environmental Qu		Aquifer:		
Permit #:	Office of Land and Water Resources		Well #: _32		
Driller: K. Mason	P.O. Box 10631				
Date drilling completed: 6-7-04	Jackson, MS 39289-0631 (601)961-5210		L. S. Elevation:		
		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 Inform		Well	Location		
Owner Name Gessie Laylor			" Longitude:°"		
Mailing Address & Color Walnut Red		Method of Lat/Long (circle or	ne): Conventional Survey,		
Pass Christian		USGS quad, Hand-held GPS, Survey-grade GPS			
NZ		14 Sec_34 Twn_75 Rng/3W			
City State Zip Code					
Telephone No. 238 255 -4446 Distance Direction Nearest Town of Well of			of Delien		
	Well I	Data			
Purpose of Well (circle one) Frome Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started:	7-04 Date	well drilling completed:	8-7-04		
If flowing, method of flow regulation: Va	liveOther (d	escribe)			
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 8-7-04					
Method of Measurement (circle one) steel tape electric tape air line other: Plum Bob					
Hole depth: 560 Well depth: 550 Well grouted to a depth of 15 feet					
Type of grout (circle one): Bentonite Mix					
Casing length: 550 feet Casing diameter: 4X3 inches Type of casing: PVC					
Screen length: 10 feet Screen diarneter: 2 inches Type of screen: 100					
Screen slot size: ,004 inches Setting depth: From					
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.					
Dwicht Masin 0-309 Destillan					
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor					

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If well telescopes please sketch below and show depths.	7	- 3
Ground Level	Description of Formations Encountered	From 7
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If more than one screen show location of each and a start		
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 nerrospent eteratures and	
aid in locating the well; 3) any roads, power lines, o	or other items that may aid in locating the apparent and the	
4) indicate direction.	- and the property and the	ио мец,
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andowner Name: Glassie Faylor	BY: OLWR	
The state of the s	OI.OLVVR	
1/ N.		
KKAK MICh.		
Sim num		
Signature of Water Well Contractor		
County: Name State	Well Report	
7. The 1000.	Part 1	
Mississina D	Part 1 For Office U	se Only:
WILLE TO THE PROPERTY OF THE P	and and Water Resources	
Office of Lea	iu and water Resources	
Tiller to Color of Land		
riller: Konne Mason P.C	O. Box 10631 Well #:	
riller: Kowie / Noon P.C. atc drilling completed: 01115 2000 Jackson	L MS 39289-0631	
riller: Korre Mary P.C Jackson Jackson (60	I. MS 39289-0631 01)961-5210 L. S. Elevation:	
riller: Korre Moon P.C Jackson (601)	I, MS 39289-0631 01)961-5210 IL S. Elevation:	
riller: Korre Moon P.C Jackson (601)	I, MS 39289-0631 01)961-5210 IL S. Elevation:	
P.C. Jackson (60) State Law requires that this report be prepared by the completion of drilling of the real.	I, MS 39289-0631 01)961-5210 IL S. Elevation:	t with i
P.C. Jackson (60) State Law requires that this report be prepared by the completion of drilling of the real.	I, MS 39289-0631 01)961-5210 IL S. Elevation:	t within
Order drilling completed: P.C. Jackson (60) State Law requires that this report be prepared by the completion of drilling of the well. Well Owner Information	I. MS 39289-0631 01)961-5210 I. S. Elevation: B-log #: the driller in detail and filed with the Departmen	t within
Order drilling completed: P.C. Jackson (60) State Law requires that this report be prepared by the completion of drilling of the well. Well Owner Information	L. S. Elevation: L. S. Elevation: B-log #: Well Location	
State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information	L. S. Elevation: L. S. Elevation: B-log #: Well Location	
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State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information	L. S. Elevation: D1)961-5210 B-log #: B-log #: Well Location Latitude: Method of LavLong (circle one): Conventional Sur- USGS quad, Hand-held GPS, Survey-grade G	
State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information Well Owner Information When I was the state of	L S. Elevation: L S. Elevation: B-log #: Latitude: Method of Lat/Long (circle one): Conventional Sur- USGS quad, Hand-held GPS, Survey-grade G	vey,
State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information The State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information The State School City State Zip Code	L S. Elevation: L S. Elevation:	vey,
state drilling completed: Quy 5, 2004 State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information The Name Address: Aggs Grastole School Tass Chartan City State Zip Code	L S. Elevation: L S. Elevation:	vey,
ste drilling completed: Quy 5, 2014 State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information mer Name John Hally illing Address: Aggo Garstole School City State Zip Code	L S. Elevation: L S. Elevation:	vey. SPS
state drilling completed: Quy 5, 2014 State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information mer Name John Hally lling Address: ADOGO Grastole School City State Zip Code phone No. BBB 357 - 9/440	L S. Elevation: Conventional Survey-grade Golden Conventional Survey-grade Golden	vey. SPS
state drilling completed: Quy 5, 2004 State drilling completed: Quy 5, 2004 State Law requires that this report be prepared by to 30 days of completion of drilling of the well. Well Owner Information Der Name Sold State School State State City State Zip Code phone No. 236 357 - 9/4/6 Well	L S. Elevation: L S. Elevation:	vey. SPS
Date drilling completed: City State Zip Code City State Zip Code P. C. Jackson (66 (601)) State Law requires that this report be prepared by the completion of drilling of the well. Well Owner Information Vaccing Address: A 2020 Constitution of City State Zip Code Ephone No. Cash 357 - 9/4/6	L S. Elevation: Conventional Survey-grade Golden Conventional Survey-grade Golden	vey. SPS

STATE WELL REPORT				
County: Pump Installer Mississippi Department of Land Driller: Dock Live (LSer) Date completed: 9-7-04 Date completed: 9-7-04 County: Pump Installer Mississippi Department Office of Land P.O. Jackson, M. (601) (601)	For Office Use Only: Aquifer: Aquifer: Aquifer: MS 39289-0631 MS 39289-0631			
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.				
Well Owner Information Owner Name: Alasie, Joulant Rd. Mailing Address 2683 Unlaut Rd. Pass Chusten City State Zip Code Telephone No. 228, 255 - 4444	Well Location Latitude:Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet 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 Rating of Motor:			
Pump Test Data	Method of Measuring Water Level			
	Circle one			
Pump Test Data				
Pump Test Data Date Well Tested: 8-7-04 Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 130 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape			
Pump Test Data Date Well Tested: 8-7-04 Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 130 Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Plum Bbb			
Pump Test Data Date Well Tested: 8-7-04 Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 130 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface	Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Plum Bbb For flowing well, measured shut in head:			

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)

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