State Well Report Part 1 Date of the Use Only: Aquifor: Well # J = 330 Date of the Use Only: Date of the Use Only: Aquifor: Well # J = 330 Date of the Use Only: Aquifor: Well # J = 330 Date of the Use Only: Date of the Use Only: Aquifor: Well # J = 330 Date of the Use Only: Date of the Use # J = 330 Date					
Mississippi Department of Environmental Quality Aquiter Pumpie Pump			-	For Office Use Only:	7
Permit #	County: Heeson 047			•	
Date will drilling started: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Public Supply Irrigation of Messaurement (circle one) State Law State Law State Law State Law State Law State Public Supply Irrigation Fish Culture Other: Public Supply	Permit #: 0339	Office of Land a			,
State Law requires that his 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 Well Water Location Latitude: " Longitude: " Longitude: " Method of LawLong (circle one): Conventional Survey, Well Josa Latitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Longitude: " Well Water Location Latitude: " Longitude: " Longitude: " Longitude: " Longitude: " Latitude: " Latitude: " Latitude: " Longitude: " Latitude:	Driller: MEGILL Punp & Well	P.O. B			
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 Owner Name Well Owner Information Well Owner Name Well Owner Information Well Owner Name Well Owner Information Well Owner Name Well Owner Well		; (601) ⁹	961-5210		
State Law requires that this report be prepared by the urner in detail and that recompletion of derilling of the well. Well Owner Information Owner Name Wile New York (Layer Case) Mailing Address: Menge Recompletion of the Mississippi Department of Health Case (Circ) State Zip Code Well Data Latitude: "Longitude: "Longitud	<u> </u>		1-6938 (fax)	E-log #:	
Well Document Information Owner Name Well Location Mailing Address: Menger Are: Method of LavLong (circle one): Conventional Survey, USGS quad. Hand-held GPS, Survey-grade GPS Latitude: "Longitude: "Well GPS City State Zip Code Distance Direction Nearest Town Miles Distance Direction Nearest Town Miles Distance Direction Nearest Town Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: West Tracks If flowing, method of flow regulation: Valve Distance Other (describe) Static Water Level: Ho feet above on below circle one) land surface Date measured: 1-22-05 Method of Measurement (circle one) Stock large electric tape air line other: Type of grout (circle one): Cement Bentonite Mix Casing length: 12 feet Casing diameter: Screen diameter: Screen diameter: Screen length: Screen length: Screen length: Screen diameter: Scre	State Law requires that this rep	ort be prepared by the			
Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	Well Owner Informa	tion			1
Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	Owner Name Wasterwagnet.	(Ralph Case)	Latitude:°'	_" Longitude:°"	*
City State Zip Code Well Data	Mailing Address: Mengel	au.			
Telephone No. () Distance Direction Nearest Town Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Washt Tracks Date well drilling started:					
Distance Distance Distance Discount Nearest Town	RC. MS	. 7'- Codo	¼¼ Sec <u>23</u>	Twn 75 Rng 13 W	
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Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Whith Tracks Date well drilling started: \[\] - \[22 - 03 \] Date well drilling completed: \[\] - \[22 - 03 \] If flowing, method of flow regulation: Valve Other (describe) Static Water Level: \[\] \[\] feet above of below (circle one) land surface Date measured: \[\] - \[27 - 05 \] Method of Measurement (circle one) steel tape electric tape air line other: \[\] Well grouted to a depth of \[\] \[\] Well grouted to a depth of \[\] feet Type of grout (circle one): \[\] Cement Bentonite Mix Casing length: \[\] \[\] \[\] feet Casing diameter: \[\] inches Type of casing: \[\] \[\] \[\] \[\] Screen length: \[\] \[\] feet Screen diameter: \[\] inches Type of screen: \[\] \[\] \[\] \[\] \[\] Screen slot size: \[\] \[\	Telephone No. ()		Miles W	OI	·
Date well drilling started:		Well I	Data		
If flowing, method of flow regulation: Valve Other (describe) Static Water Level: #O feet above of below (circle one) land surface Date measured: #O feet above of below (circle one) land surface Date measured: #O feet Date measu	Purpose of Well (circle one) Home Inc	lustrial Public Supply	Irrigation Fish Culture	/	
Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: 120' Well depth: 190' Well grouted to a depth of	Date well drilling started: 1-22-	Date	well drilling completed:	-22-05	
Method of Measurement (circle one)	If flowing, method of flow regulation: Va	liveOther (c	describe)	1 2/05	•
Hole depth:	Static Water Level: 40 feet a	bove of below (circle one)		l l	
Type of grout (circle one): Cement Bentonite Mix Casing length: 100 feet Casing diameter: 1 inches Type of casing: 1 feet Screen diameter: 2 inches Type of screen: 1 feet Screen diameter: 2 inches Type of screen: 1 feet to 1					
Casing length: 60 feet Casing diameter: inches Type of casing: FVC Screen length: 30 feet Screen diameter: inches Type of screen: FVC Screen slot size: 1000 inches Setting depth: From 6 feet to 130 feet 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): Notog 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. RECEIVE All Gill Prunt 4 Wall Ca339 Manhal Miller FEB 18 200	Hole depth: 120 Well de	epth: <u>190</u>	_ Well grouted to a depth of	feet	
Screen length: 3 feet Screen diameter: inches Type of screen: PCC Screen slot size: ODD 6 inches Setting depth: From 6 feet to 130 feet 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. RECEIVE		Bentonite Mix		Dir	
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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. RECEIVE All Plus A Wall Casal Department of Market Mississippi Department of Market Mississippi Pepartment Pepartment Mississippi Pepartment Pep	i e			_	
Other (describe): Top of lap pipe or reduction in casing:					
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. RECEIVE All Gill Plant A Well Cast Cast Cast Cast Cast Cast Cast Cast	Type of completion (circle all applicable)				<i>)</i>
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. RECEIVE Al Gill Plant A Well CASA Manual Medicine FEB 18 200					
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. RECEIVE Al Gill Piule & Well 0339 Muhal Meller FEB 18 200					
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. RECEIVE Al Gill Piule 4 (1911 0339) Muhal Miller FEB 18 200	Logs run (circle all applicable): No log r	un Electric Gamma Ray	y Density Sonic Neutron	Other:	
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. RECEIVE M. Gill Piule & Well 0339 Muhal Miller FEB 18 200	Name of organization running log(s): I certify that the well was drilled, const	tructed, and completed in	accordance with all applicabl	e requirements of the Mississippi	
MEGILL PLULP & WELL 0239 Muhal Misule FEB 18 200	Department of Environmental Quality	and/or the Mississippi De	partment of Health regulation	ns and state laws. RE	CEIVE
DV A		_	\sim '	\sim //	EB 1 8 2005
	V			of Water Well Contractor BY	: OLWI

If well telescopes please sketch below and show depths.

Ground Level		:	
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Description of Formations Encountered	From	То
MUP	0	80
SPNO	80	120
		
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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.

Scale
Heass

Landowner Name: Wastemarg mutt. (Rapa Case)

RECEIVED

FEB 18 2005

BY: OLWR

STATE WELL REPORT

County: Harrisa Permit #: 0339 Driller M. Coll Paux parla Ell.

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:
Aquifer:
Well #:
Elevation:

(601)354-6938 (fax) 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 Location Well Owner Information Owner Name: Waste mange most. (Ralph CasE) Latitude: Longitude: ____ Method of Lat/Long (circle one): Conventional Survey, Mailing Address:____ USGS quad, Hand-held GPS, Survey-grade GPS 14 ____ 14 Sec <u>23</u> Twn 75 Rng 13W Direction Distance 10 Miles W of 6PT. Telephone No. (____)___ Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): ___ Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): ___ Date Pump Installed: 1-27-05 Setting Depth: _____ Rated Pump Capacity: _______Gallons Per Minute Number of Stages: _ Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: _____ Steel Tape Electric Measuring Line Air Line Static Water Level (A): _____Feet Below Land Surface Other (specify): ___ Pumping Water Level (B): 6 Peet Below Land Surface Drawdown [(B) - (A)]: / O Feet Below Land Surface For flowing well, measured shut in head: _____feet Well yielded _____ GPM with a drawdown of Gallons Per Minute Test Pumping Rate: Duration of Pump Test (minimum 4 hours): _

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Market Market Market 1989

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