State Well Report				
,,	art 1	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	nd Water Resources	Well #: 0 383		
Deillow III I SAAII I SAAIII SAAIII SAAIII SAAII LOLUSLA I	Sox 10631 IS 39289-0631	L. S. Elevation:		
67/10/1181	961-5210	L. S. Elevation:		
(601)354	1-6938 (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			
Owner Name JOHN AITER	Latitude:'	" Longitude:"		
Mailing Address: 33369 Erangeine Dr.	Method of Lat/Long (circle or	ne): Conventional Survey,		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Telephone No. ()	Distance Direction Nearest Town Miles of INEUI P			
NI.II	•			
Well I				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $04/21/06$ Date well drilling completed: $04/24/06$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 04/24/06				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 620 Well depth: 620 Well grouted to a depth of 10 fell ECEIVED				
Type of grout (circle one): Cement Bentonite Mix				
Type of grout (circle one): Cement Bentonite Mix Casing length: 600 feet Casing diameter: 3 inches Type of casing: PVC BY: OLWR Screen length: 30 feet Screen diameter: 3 inches Type of screen: PVC				
Screen length: 3D feet Screen diameter: 3 inches Type of screen: PVC - VLWR				
Screen slot size: 100 6 inches Setting depth: From 600 feet to 620 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:feet, If tel	escoped or more than one scre	een, 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):				
1 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.				
MEGIN Promp or Well 0239 Mucho MSill br				

Signature of Water. Well Contractor

Print Name of Water Well Contractor and License No.

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If well telescopes please sketch below and show depths.

Ground Level	
	•
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Description of Formations Encountered ARCHO AND Muco Samo Live Samo	From	To
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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.

(de cos

[well]

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MAY 1 7 2006

BY: OLWR

andowner Name: JOHN Altien

STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well #: (601)961-5210 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 Owner Information Well Location _ Longitude:_ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest-Town iNeville ephone No. (____)_ **Pump Type** Power Type Circle one Circle one Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas ket Piston Turbine Electric Motor Hand Tractor PTO trifugal Rotary Flowing Well Windmill Other (specify): er (specify): Horse Power Rating of Motor: 2 Pump Installed: Setting Depth: ed Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Feet Below Land Surface Other (specify): iping Water Level (B): Feet Below Land Surface wdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: _____feet

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

Gallons Per Minute

Pumping Rate:

ation of Pump Test (minimum 4 hours):

0239

murp misil 5.

GPM with a drawdown of

feet after