KENNY 12	G223			
State We	ell Report	For Office Use Only:		
Pa	Part 1			
Permit #: <u>GW - 46191</u> Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
P.O.B	P.O. Box 10631			
Jackson, W	S 39289-0631 961-5210	L. S. Elevation:		
Date drilling completed: (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	We	1 Location		
Owner Name Dave Lundy	Latitude: 33 . 12 . 30	" Longitude: 90.25,20.		
Mailing Address: 967 Mallard drive	Method of Lat/Long (circle o	ne): Conventional Survey,		
· · · · · · · · · · · · · · · · · · ·	USGS quad Hand-hel	d GPS Survey-grade GPS		
Connell TX 75019	NE 4 NE 4 Sec 20	Twn /6N Rng O2W		
City State Zip Code	SE Direction	Nearest Town		
Telephone No. ()	<u> </u>	of BELZONI		
Well Data				
Public Supplet Integration Fish Culture Other:				
Purpose of Weil (circle one) Home Industrial Public Supply inigation) The Circle one industrial				
Date well drilling started: $\frac{3 \cdot 14 - 2011}{2011}$ Date well drilling completed: $5 \cdot 14 \cdot 2011$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: Well depth: Well grouted to a depth of feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>10</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>				
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>				
Screen slot size:				
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):				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
JOHN NEWCOME 0.773	part 1	van		

Jott Print Name of Water Well Contractor and License No.

NEWOME

Signature of Water Well Contractor

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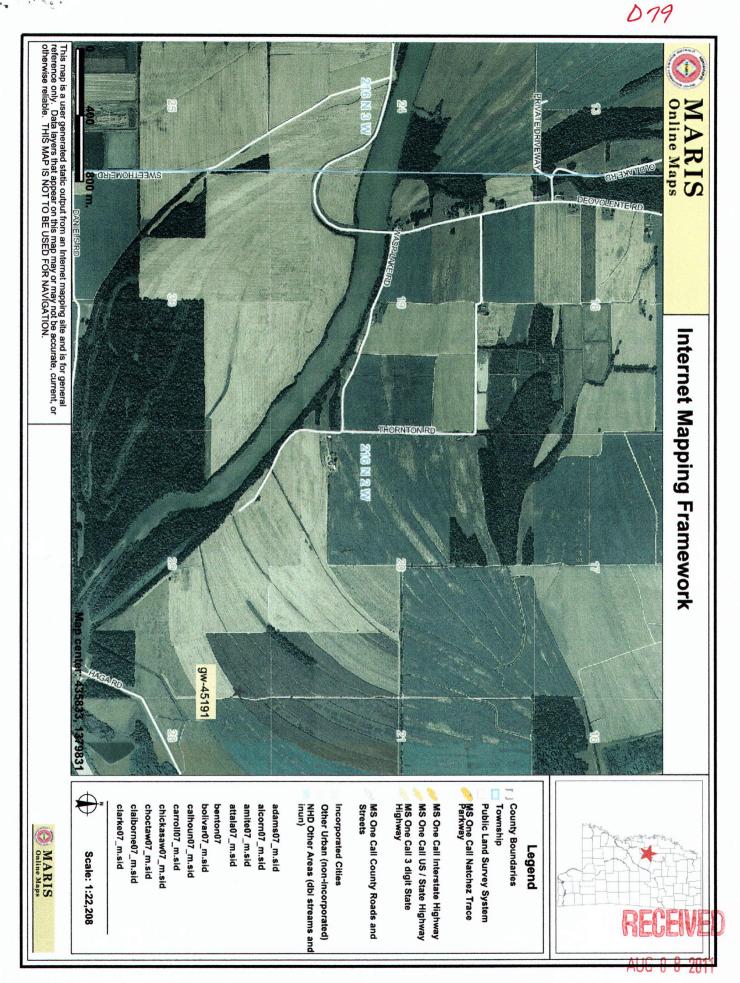
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If well telescopes please sketch below and show depths.

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Humphrasia STATE W	For Office Use Only:
	Part 2
	er's Completion Report Aquifer:
	ad and Water Resources Well #:79
	U. B0X 2309
Date completed.	son, MS 39225 Elevation:
	1961-5228 (fax)
This part of the report must be completed by a licensed water we report must be attached and both parts filed with the Department	ell contractor or a licensed pump installer. A copy of Part 1 of the at at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Dave Lundy	Latitude: 330 12' 30" Longitude: 90 0 25 1 20"
Mailing Address: 967 Mallara Drive	Method of Lat/Long (check one): Conventional Survey
	USGS quad , Hand-held GPSX, Survey-grade GPS
Consell TV 15010	
(oppel) TX 75019	<u>NE 1/4 NE 1/4 Sec 29 T 16N R 02W</u>
Čity State Zip Code	SE Distance Direction Nearest flown
Telephone No. ()	Distance Direction NE of Belzoni
Ритр Туре	Power Type
Circle one	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):
Centrifugal Rotary Flowing Well	
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed:	Setting Depth:70feet
INAA /	
Rated Pump Capacity:Gallons Per Minute	Number of Stages: 3
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): Feet Below Land Surface	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]: Fact Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of
	feet afterhours of pumping
Duration of Pump Test (minimum 4 hours):hours	
	Eviating Dump Dansie of Eviating Dump
This is for (circle one): New Well Replacement of	
	at of my knowledge
I HEREBY CERTIFY that the above statements are true to the be	est of my knowledge.
Cong Kowe U-711P	- Louis
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWALC 1076092
	DAG SAL
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