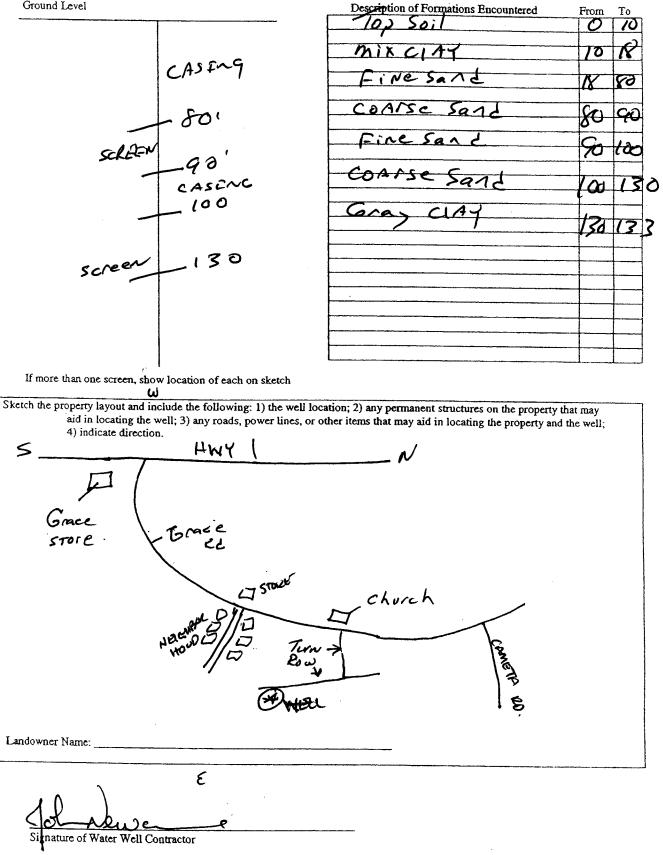
Grace       MS       38745         City       State       Zip Code         Telephone No. (do2)       839 - 2202       NW         Well Data       NW         Purpose of Well (circle one) Home       Industrial       Public Supply       Inigation         Fish Culture       Other:	•		
and:       JSAQUENNA         mit #       GCC 44050         Mississippi Department of Environmental Quality       Anute::         Mississippi Department of Environmental Quality       Muter::         Mississippi Department of Construction       Mississippi Department of Construction         Mississippi D			
any:       ISSAQUENNA       Part 1         Mississippi Control of Eavironmental Quality       Aquite:       1.35         Mississippi Control of Eavironmental Quality       Mississippi Control of Eavironmental Quality       Aquite:       1.35         Mississippi Control of Eavironmental Quality       Mississippi Control of Eavironmental Quality       Mississippi Control of Conteone of Control of Contro	State We	ll Report	For Office Use Only:
$ \frac{GU}{44050} $ $ \frac{GU}{4500} = \frac{GU}{450$			
the: $S. P. D. Box 10631$ are dailing completed: $H = 0 - 10$ are dailing completed: $H = 0 - 10$ are dailing completed: $H = 0 - 10$ 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         Grace       MS         Grace       MS         Grace       MS         Top       State         Zip Code       Network State         Well Date       Network Town         Purpose of Well (dirice one) Home Industrial Public Supply Intigation Fish Culture Other:         Date well drilling completed: $4 - 10 - 10$ Based Well Rote Level:       Let above or below (circle one) and surface       Date measured:         Howing, method of flow regulation: Valve       Other (describe)       State         State Level:       Let above or below (circle one) and surface       Date measured:       State Level:	Mississindi Debaruncu	of Environmental Quality	
Inter S. NEWROPHE U-119       Jackson, MS 39289-0651 (601)354-6938 (fax)       L. S. Berston:         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 Jocation         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 Jocation         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 Jocation         Well Ower Information       Well Ower Information       Well Location         ware Name W. C.       WOODAWAH       Latitude: 3.2 · S7 · Longitude 50 · S4 · S5 · Method of LatLong (circle one): Conventional Survey.         USOS quad. Gand. Head OBS       Survey grade GPS · Method of LatLong (circle one): Discretion       Nearest Town         Purpose of Well (circle one) Home       Industrial Public Supply       Trigation       Fish Output         Purpose of Well (circle one) Home       Industrial Public Supply       Trigation       Fish Output       Other:         State Kare Level:	<b>DO D</b> .	a water Resources	Well #:
(0011)34-0936 (LBS)         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 Over Information         Well Over Information         Well Over Information         Well Contactor         Well Contactor         Well Contactor         Stract Colspan="2">Well Construct for and the detail and filed with the Department within         Well Contactor         Well Contactor         Well Contactor         Open Colspan="2">Well Contactor         Open Colspan="2">Well Contactor         Well Data         Open Colspan="2">Open Colspan= 2002         Well Data         Well Data         Open Colspan= 2002         Well Data         Open Colspant Colspan= 2002	Driller J. NEWCOME U-119 Jackson MS	5 39289-0631	L. S. Elevation:
(0011)34-0936 (LBS)         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 Over Information         Well Over Information         Well Over Information         Well Contactor         Well Contactor         Well Contactor         Stract Colspan="2">Well Construct for and the detail and filed with the Department within         Well Contactor         Well Contactor         Well Contactor         Open Colspan="2">Well Contactor         Open Colspan="2">Well Contactor         Well Data         Open Colspan="2">Open Colspan= 2002         Well Data         Well Data         Open Colspan= 2002         Well Data         Open Colspant Colspan= 2002	Date drilling completed: $4-10-10$ (601)9		E.log #
30 days of completion of drilling of the well.       Well Coastion         Well Owner Information         Well Owner Information         Well Coastion         Well Coastion         Well Coastion         Well Coastion         Well Coastion         Well Coastion         Convertional Survey.         USGS quad Hand-held GB Survey.grade GPS         Convertional Survey.         Convertional Survey.grade GPS         Convertional Survey.         Convertional Survey.grade GPS         Convertionation         Convertionation         Convertionation         Method of Latt.ong (circle one): Conventional Survey.         USGS quad Hand-held GB Survey.grade GPS         Well Data         Well Data         Well Data         Well Carcle one): Convertional Survey.         Convertion Convertional Sur	(601)334		
30 days of completion of drilling of the well.       Well Coastion         Well Owner Information         Well Owner Information         Well Coastion         Well Coastion         Well Coastion         Well Coastion         Well Coastion         Well Coastion         Convertional Survey.         USGS quad Hand-held GB Survey.grade GPS         Convertional Survey.         Convertional Survey.grade GPS         Convertional Survey.         Convertional Survey.grade GPS         Convertionation         Convertionation         Convertionation         Method of Latt.ong (circle one): Conventional Survey.         USGS quad Hand-held GB Survey.grade GPS         Well Data         Well Data         Well Data         Well Carcle one): Convertional Survey.         Convertion Convertional Sur	State Law requires that this report he prepared by the	driller in detail and filed v	vith the Department within
Well Owner Information         winer Name_W.C. WOOCH.VA         Latitude: 3.2: ST: Longitude: 90 : 54: 55.         City       State: Zip Code         State: State: Zip Code       NW         Distance       Direction         New State: St	30 days of completion of drilling of the well.	· · ·	
water Name $00000$ $000000000000000000000000000000000000$	Well Owner Information		
hailing Address:       P.O. Box 126         Method of LavLong (circle one):       Conventional Survey.         USGS quad, Cland-held GER, Survey-grade GES       JE 45 SW 45 Sec.         City       State       Zip Code         Well Data       New Sec.       Twn 13N 4 kng TW         Burpose of Well (circle one) Home       Industrial       Public Supply       Itigation         Date well drilling started:       4-10-10       Date well drilling completed:       4-10-10         State       Jisance       Distance	Dwner Name W.C. WOOdruff		
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Mailing Address: P.O. Box 126		
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $		USGS quad, Hand-hel	d GP9, Survey-grade GPS
City       State       Zip Code       NW       Direction       Nearest Town         relephone No. (do.2). 839 - 2202       Well Data         Well Data         Well Data         Well Data         Well Data         Purpose of Well (circle one) Home Industrial Public Supply Trigation Fish Culture Other:	(mar 115 39745	NE 4 SW 4 Sec 5	Twn 13 Nrng W
Distance       Direction       Referent 100ml         TS_Miles       EAST_of Grace       MS		NW	
Well Data         Well Data         Well Data         Purpose of Well (circle one) Home Industrial Public Supply (trigation) Fish Culture Other:		Distance Direction	of Grace MS.
Purpose of Well (circle one) Home Industrial Public Supply Inigation Fish Culture Other:	Telephone No. (Obx) 0.77 - AAUL	- A - Mun Mares	
Purpose of Well (circle one) Home Industrial Public Supply Circle on Well circle one) Home Industrial Public Supply Circle on Well circle one) Date well drilling completed: <u>4-10-10</u> Date well drilling started: <u>4-10-10</u> Date well drilling completed: <u>4-10-10</u> If flowing, method of flow regulation: Valve Other (describe) Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: <u>133</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Cement Bentofile Mix Casing length: <u>70</u> feet Casing diameter: <u>146</u> inches Type of casing: <u>Avc</u> Screen length: <u>400</u> feet Screen diameter: <u>146</u> inches Type of screen: <u>Avc</u> Screen slot size: <u>050</u> inches Setting depth: From <u>8690</u> feet to <u>100-130</u> feet Type of completion (circle all applicable): <u>Gravel packer</u> Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: <u>feet</u> If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): <u>For log Tup</u> 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. <u>50HM NEWCOME 0-7773</u> Signature of Water Well Contration Figure 100 Figure Figure F	Well	Data	
Type of completion (circle all applicable):       Gravel pacted       Underreamed       Telescoped       Open hole       Natural Development         Other (describe):	If flowing, method of flow regulation: ValveOther (         Static Water Level:feet above or below (circle one)         Method of Measurement (circle one)         Steel tape         Hole depth:	describe) land surface Date measure a air line other Well grouted to a depth of x inches Type of casing inches Type of screen	$\frac{d}{dt} = \frac{10}{\text{feet}}$
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:			pen hole Natural Development
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:	Other (describe):		
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.         JOHN NEWCOME 0-773         Print Name of Water Well Contractor and License No.	Top of lap pipe or reduction in casing:feet. If	f telescoped or more than one	screen, describe on back of page
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. <u>JOHN NEWCOME 0-773</u> Print Name of Water Well Contractor and License No. Signature of Water Well Contractor and License No.	Logs run (circle all applicable): No log run Electric Gamma R	ay Density Sonic Neutro	n Other:
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.         JOHN NEWCOME 0-773         Print Name of Water Well Contractor and License No.             Signature of Water Well Contractor and License No.	Name of organization running log(s):	n accordance with all applic	able requirements of the Mississippi
JOHN NEWCOME     O-773     John Newcome       Print Name of Water Well Contractor and License No.     Signature of Water Well Contractor ECE	Department of Environmental Onality and/or the Microsigni I	Department of Health regulat	tions and state laws.
Print Name of Water Well Contractor and License No.	Debalament of guardounientin Anality and/of the torselssible i	i /	٦
	JOHN NEWCOME 0.773	Joh	- Newcong
JUL 06 BY: OI	Print Name of Water Well Contractor and License No.	Signati	are of Water Well Contractor
BY:01	L		JUL 0 8
			SY:0

If well telescopes please sketch below and show depths.





	STATE WELL REPORT		0125
Т	Part 2		412
ounty: Issaquena	Pump Installer's Completion Report		For Office Use Only:
erruit #: <u>660'44050</u>	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquif <del>er.</del>
miller J. Newcome D-773	P.O. Box 10631		Well #:A135
Date completed: 4-10-10	Jackson, MS 39289-0631 (601)961-5210		
	(601)354-6938 (fax)		Elevation:
This report should be prepared by th installation of pump.	e pump installer in det	ail and filed with the Depart	ment within 30 days of the
Well-Owner Informat	ion	1	Well Location
wher Name: W.C. Woodry	FF Latitude 32° 59'5		5"Longitude: 690° 5C'55"
Tailing Address: P.O. Box 12		(	
alling Address: J.O. DOX 10		Method of Lat/Long (circl	e one): Conventional Survey,
~			land-held GPS Survey-grade GPS
Grace MS		NE 1/4 SW 1/4 Sec	5 TWN RNg 7W
City State	Zip Code	Distance Directio	
elephone No. 662 839-22	~7	-	of Grace, MS
		<u>i i Miles</u>	of Oract 10
Ршир Туре			Power Type
Circle one			Circle one
ir Lift Jet	Submersible	Diesel Engine Gas	soline Engine Natural Gas
lucket Piston	Turbine	Electric Motor Ha	ind Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Ot	her (specify):
other (specify):		Horse Power Rating of M	otor: COO
Date Pump Installed: 4	)	Setting Depth:	<u> </u>
ated Pump Capacity: 3000	-		1
aleu P unip Capacity:	_Gallons Per Minute	Number of Stages:	
Pump Test Data		Method of	Measuring Water Level
Date Well Tested:			Circle one
tatic Water Level (A):Feet		Air Line Electric	Measuring Line Steel Tape
	·	Other (specify):	•••
umping Water Level (B):Feet	Below Land Surface		
Drawdown [(B) - (A)]:Fee	Below Land Surface	For flowing well, measure	ed shut in head:feet
Test Pumping Rate:	_Gallons Per Minute	- Well yielded	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours)			erhours of pumping
HEREBY CERTIFY that the above states	nents are true to the bes	t of my knowledge.	
('a. ') a	9-711P		CALAFTE
Print Name of Pump Installer and License		Signature of Pun	u Installer