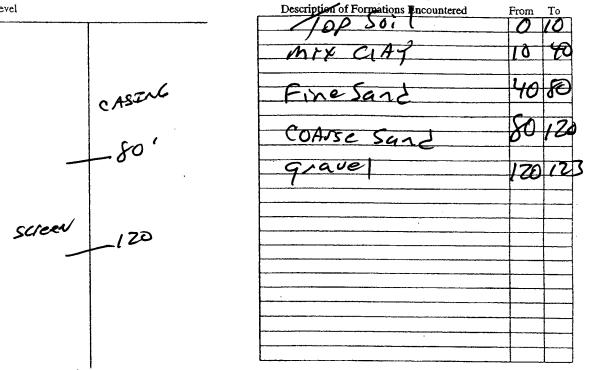
. 1	CL A 117-11	Donort -	
Table	State Well		For Office Use Only:
ounty ISSAQUENA	Part 1 Mississippi Department of Environmental Quali		Aquifer:
ermit#_ 610 43434_	Office of Land and Water Resources		Well #: F56
Driller J. NEW COME 0-773	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:
Date drilling completed: 7-13-09	(601)961	-5210	E-log #:
	(601)354-69		
State Law requires that this rep	ort be prepared by the dri	ller in detail and filed v	vith the Department within
30 days of completion of drilling	g of the well.	· · ·	I Location
Well Owner Inform	ation		1." Longitude: 90 . 52 . 30 .
Dwner Name FLOWENCE	0-1		
Mailing Address: 3360 Flou	verec Rd N		one): Conventional Survey.
	1	USGS quad, Hand-he	d GPS, Survey-grade GPS
	mx 39154	SW 1/4 Nula sec_	F12Twn 9N Rng TW
<u>rledudod</u> City	tate Zip Code	Direction	Nearest Town
Telephone No. (601) 638 - 09	17	Distance Direction	of VICKSBURG
Telephone No. (201) 638-0			
	Well Da		
Purpose of Well (circle one) Home	ndustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: $7-1$	3-09 Date we	ell drilling completed:	-13-09
If flowing, method of flow regulation:	Other (det	scribe)	
			xd:
Static Water Level:fee	t above or below (circle one) la		
Method of Measurement (circle one)	steel tape electric tape	air line other:	<u> </u>
Hole depth: 123 Well	depth: <u>120</u>	Well grouted to a depth	offeet
Type of grout (circle one): Cement	Bentonite Mix		
6	Casing diameter: 14	inches Type of casing	· PVC
0 0	11		Pre
Screen length: <u>40</u> feet	Screen diameter:	inches Type of screen	
Screen slot size: <u>050</u> incl	es Setting depth: From	50 feet to _	<u>feet</u>
Type of completion (circle all applical	ble): Gravel packed Under	reamed Telescoped C	pen hole Natural Development
	Other (describe):		
		lescoped or more than one	e screen, describe on back of page
Top of lap pipe or reduction in casing			
Logs run (circle all applicable): No le	grun Electric Gamma Ray	Density Sonic Neutro	
Name of organization running log(s):		lance the all analis	able requirements of the Mississi
Name of organization running log(s): I certify that the well was drilled, c	onstructed, and completed in a	accordance with an applic	tions and state laws.
Department of Environmental Qua	lity and/or the Mississippi Dej	har millene or treatmine for	
JOHN NEWCOME	0-773	Jol	Neucone
Print Name of Water Well Contracto		Signat	ure of Water Well Contractor
			HEC
			AUG 1

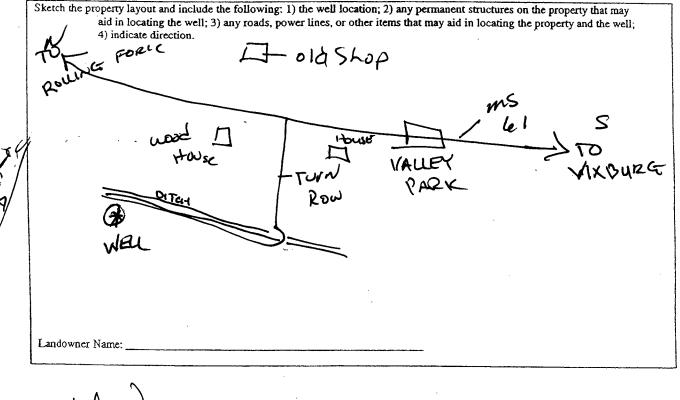
If well telescopes please sketch below and show depths.

Ground Level

F56



If more than one screen, show location of each on sketch



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Signature of Water Well Contractor

STA STA	TE WELL REPORT	
County ISSag veena	Part 2	2
run	Installer's Completion Report	For Office Use Only:
Permit #: Office	Department of Environmental Quality ce of Land and Water Resources	Aquifer.
Driller: J. Neucome	P.O. Box 10631	
	Jackson, MS 39289-0631	Well #: <u>F56</u>
Date completed:	(601)961-5210 (601)354-6938 (fax)	Elevation:
This report should be prepared by the pump instal		
Well Owner Information		Il Location
Owner Name: HOwere Hanting	Latitude: 32° 38'24	1"Longitude: 90° 52' 30'
Mailing Address: 3360 Planerce La		~
	USGS quad. Han	d-held GPS Survey-grade GPS
<u>Nechood MS 3A1</u> City State Zip Co	56 SW 1/ NW 1/ San 1	12 Twn 9N Rng 7W
City State Zip Co	ode	
	Distance Direction	Nearest Town
Telephone No. (20) 638 - 0934	<u>13 Miles</u> S	of Vicksburg
Ритр Туре	D	ower Type
Circle one		Lircle one
Air Lift Jet Submersible		
	Diesel Engine Gasoli	ne Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary Flowing We	ell Windmill Other	(specify):
Other (specify):		\sim
N110100	Horse Power Rating of Motor	rQ
Date Pump Installed:	Setting Depth:	feet
Rated Pump Capacity: 2800 Gallons Per M	1	
Gaulous Per M	Vinute Number of Stages:	
Dura T (D)	·	
Pump Test Data		easuring Water Level Circle one
Date Well Tested:		
Static Water Level (A):Feet Below Land S	Air Line Electric Me	asuring Line Steel Tape
A MARIA T	Other (specify):	•. •
Pumping Water Level (B):Feet Below Land S	urface	
Drawdown [(B) ~ (A)]:	Surface For flowing well, measured s	but in head:feet
Test Pumping Rate Gallons Per M		
Duration of Pump Test (minimum 4 hours):	hours fast effer	have after the
	iccl after _	hours of pumping
I HEREBY CERTIFY that the above statements are true t	to the best of my knowledge	
(m) la ano		
Print Name of Pomp Installer and License No. (if any link)		OUT
Print Name of Pump Installer and License No. (if applical	ble) Signature of Pump I	nstaller REC
		· · • • • • • • • • • • • • • • • • • •
		AUG

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BY:	OLWR
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