County: Itawamba
Permit #:
Driller: Tom Rossi 0-509
Date drilling completed: 10/12/05
State Law requires that this re

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:
Aquifer:
Well #: <u>G-87</u>
L. S. Elevation:
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

30 days of completion of drilling of the well.				
Well Owner Information	Well Location			
Owner Name Riley	Latitude: " ' " Longitude: " "			
Mailing Address: 423 Hwy 31e3	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Martaclie mg 38855 City State Zip Code	N 14 5 14 Sec 32 Twn 95 Rng 8 E			
	Distance Direction Nearest Town			
Telephone No. (662) 862-9018 Well Location Christer Rd.	Miles of			
Well I	Dafa			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 12 - 05 Date w	well drilling completed:			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level:feet above on below (circle one) l	and surface Date measured: 10-12			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 42 Well depth: 42	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 32 feet Casing diameter:	_inches Type of casing:			
Screen length://> feet Screen diameter:/				
Screen slot size: inches Setting depth: From	· · · · · · · · · · · · · · · · · · ·			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If tel	escoped 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):	1			
I certify that the well was drilled, constructed, and completed in a	ccordance with all applicable requirements of the Mississippi			
Department of Environmental Quality and/or the Mississippi Department				
Thomas Rossi c-509	James Tassi			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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BY: OLWR

Jul 21 06 08:04a

Tom Rossi

2567242

G-87

The sketch below only required for water	er wells
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If well telescopes, show depths on sketch, Ground Level

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Slay Ground Level 20! Sold Sold 42!	tion of Formations Encountered	From (depth)	To (depth)
20 (12) 20	1	Ground Level	201
- Said Sub 20	<u>Clayo</u>	(42/	70
42	Salet	90-44	20
7		, , , , , , , , , , , , , , , , , , ,	42
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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: A north arrow.
General Trailer house
1000 DAY 7 1 3
Landowner Name: Wayne Kiloy

) certify that the well/borchole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Morris Acssi 0.009 10-17.00 Print Name of Responsible Licensee and License No.

Signature of Licensee

STATE WELL REPORT

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

County: Itawamha

Print Name of Pump Installer and License No. (if applicable)

Permit #:

F	or Office Use Only:
Aquifer:	
Well #:	G-87
Elevation	r

Driller: Tom R655; 6-509 Date completed: 16-12-65 (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 Latitude:__ Longitude:__ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS N 14 E 14 Sec 32 Twn 95 Rng 9 E Distance Direction Nearest Town Telephone No. (467) 862 - 9018 Pump Type **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): _ Other (specify): ___ Horse Power Rating of Motor: ___ Date Pump Installed: 10 - 12 Setting Depth: ___ Rated Pump Capacity: ______1 ____Gallons Per Minute Number of Stages: _ Pump Test Data Method of Measuring Water Level Circle one Electric Measuring Line Air Line Steel Tape Static Water Level (A): _______Feet Below Land Surface Other (specify): _ Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: ________ Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded ___ GPM with a drawdown of feet after / C hours of pumping Duration of Pump Test (minimum 4 hours): ______hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer

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