Permit #: Driller(<u>CCIS+ WATEN WELLSR</u> V. Date drilling completed:15-0-7	State Well Report Part 1 issippi 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) e prepared by the driller in detail and filed	Well #: <u><u>A</u> - 110 L. S. Elevation: E-log #:</u>
30 days of completion of drilling of th	e well.	ell Location
Well Owner Information Owner NameECHERIEFEN Mailing Address:SCINERIEFCUSE	Latitude: <u>30 • 41 • 8</u> <u>RA</u> Method of Lat/Long (circle]" Longitude <u>8. 45, 140</u> "
Vanc Have, MS City State	39545 NW1/ SE 1/ Sec /	4 Twn T45 Rng R8W
City 'State Telephone No. (23) 217-1754	Distance Direction	of Vancleane
		OUTSIDE USE FOR
If flowing, method of flow regulation: Valve	Date well drilling completed: <u>N_A</u> Other (describe) <u>below</u> circle one) land surface Date measured	
· · · ·	57 Well grouted to a depth of	/ () feet
Type of grout (circle one): Cement Ber Casing length: $\frac{47}{10}$ feet Casing diar Screen length: $\frac{10}{100}$ feet Screen diar	ntonite Mix neter:inches Type of casing:	
Type of completion (circle all applicable): Grav	vel packed Underreamed Telescoped Ope	en hole (Natural Development)
	er (describe):	
	feet. If telescoped or more than one so	
Logs run (circle all applicable) No log run Ele	ectric Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s): NIA	<	
	, and completed in accordance with all applicab the Mississippi Department of Health regulatio	
Jack Ridgdell n-4		Reform
		/

BY	0	LVV	H

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A-110

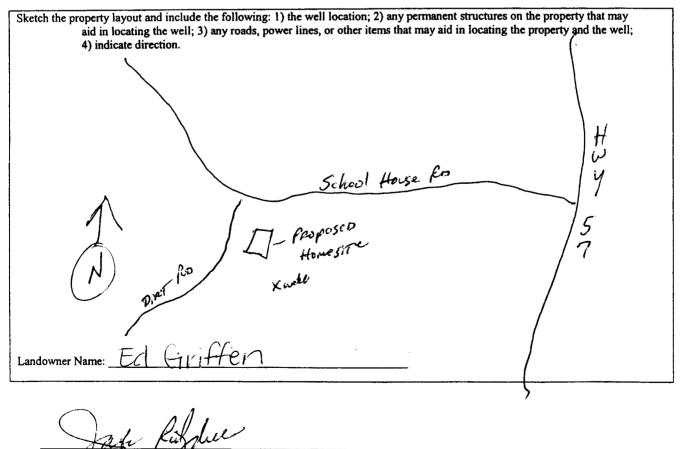
If well telescopes please sketch below and show depths.

• •

 Ground Level
 Description of Formations Encountered
 From
 To

 TDD SOU
 TD SOU
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 TD SOU
 TD SOU
 <t

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



Signature of Water Well Contractor

RECEIVED NEL 1 2007 BY: OL WR

Date completed: $11-15-127$ (601)961-5210 (601)354-6938 (fax) Eleva This report should be prepared by the pump installer in detail and filed with the Department with installation of pump. Well Owner Information Owner Name: Ed Griffer Latitude: $30^{\circ} 41^{\prime}80^{\prime}$ Longit Mailing Address: SCHOOL HOUSE Rd Method of Lat/Long (circle one): Corr USGS quad (Hand-held G Vancletweems 3475425 $1100000000000000000000000000000000000$	
Well Owner Information Well Owner Information Well Locat Owner Name: Ed. G.Y. if $f \notin c.f.$ Latitude: $3L^6 4' ^{/2} SL^6$ Mailing Address: SCHOOL HOUSE RAd. Method of Lat/Long (circle one): Corrustion (Circle one): Corrust	#: <u> </u>
Owner Name: Ed GriffenMailing Address: SCHOOL HOUSE Rd.Mailing Address: SCHOOL HOUSE Rd.Uanclewe Rd.Vanclewe Rd. <td>in 30 days of the</td>	in 30 days of the
Circle oneAir LiftJetSubmersibleDiesel EngineGasoline EnginBucketPistonTurbineElectric MotorHandCentrifugalRotaryFlowing WellWindmillOther (specify)Other (specify):	ude: <u>(38°45'14</u> 0" iventional Survey, PS, Survey-grade GPS n <u>TKS</u> Rng <u>R</u> 86 arest Town
Bucket Piston Turbine Electric Motor Hand Centrifugal Rotary Flowing Well Windmill Other (specify) Other (specify):	
Centrifugal Rotary Flowing Well Windmill Other (specify) Other (specify):	e Natural Gas
Other (specify):	Tractor PTO
Date Well Tested: $11-110-07$ Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): $N/12$ Feet Below Land Surface Drawdown [(B) - (A)]: $N/14$ Feet Below Land Surface For flowing well, measured shut in heat	
Date Well Tested: $11 - 110 - 07$ Circle one Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): $N/14$ Feet Below Land Surface Drawdown [(B) - (A)]: $N/14$ Feet Below Land Surface	Water Level
	ne Steel Tape
Duration of Pump Test (minimum 4 hours): $\frac{4^{\prime}/2}{hours}$ hours $\frac{N/A}{feet after N/A}$	with a drawdown of
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. JUNN EIKINS 0-71 (LP Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	

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