county: Jackson 159
Permit #:
Driller: Pierce Well
Date drilling completed: 1-39-05

Well Driller Report and Well Log

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:	
L. S. Elevation:	
E-log #:	

Rierce Water Well Dervice

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	Well Location			
Owner Name Busty Stringtellow				
	Latitude:°' Longitude:°'			
Mailing Address: KCSC dale Univer Rd.	Method of Lat/Long (circle one): Conventional Survey,			
_	USGS quad, Hand-held GPS, Survey-grade GPS			
Lhiclan Ms				
Hurley IVIS	BE 4 NE 4 Sec 18 Twn4 5 Rng 5W			
City \ \ \ State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	Distance Direction Nearest Town - Ne			
,				
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 1-29-05 Da	te well drilling completed:			
If flowing, method of flow regulation: Valve Other				
Static Water Level:feet above or below (circle on	e) land surface Date measured: 1-29-05			
Method of Measurement (circle one) steel tape electric ta	ape air line other:			
25'	15			
Hole depth: 25 Well depth: 25	Well grouted to a depth offeet			
Type of grout (circle one): Cement Bentonite M	ix			
	, , ,			
Casing length: 2 feet - Casing diameter: 2	inches Type of casing: 105 TCC			
Screen length: 5 feet Screen diameter: 2	inches Type of screen: Dla5†(C			
	inches Type of screen:			
Screen slot size:inches Setting depth: From	nfeet tofeet			
Type of completion (circle all applicable): Gravel packed Un	derreamed Telescoped Open hole Natural Development			
Other (describe):				
Ton of landing and shortism in accident	Carlosson described and an arrange described at Earth Court			
Top of lap pipe or reduction in casing:feet. If	f telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run Electric Gamma R	tay Density Sonic Neutron Other:			
Name of organization running log(s):				
I certify that the well was drilled, constructed, and completed in accordance w	rith all applicable requirements of the Mississippi Department of			
Environmental Quality and/or the Mississippi Department of Health regulation	ons and state laws.			
Koron VIIInhard DOGIA	m 1 1 Dia			
Harry Marie	/nunger Trine			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contactor EIVED			

If well telescopes please sketch below and show depths.

FEB 16 2005

BY: OLWR

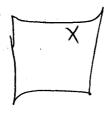
		100
Ground Level	וו	ノフン

Description of Formations Encountered	From	To
In Soil	0	110
Clay.	10	18
and Sand	18	25

	******	<u> </u>
	···	
	·	

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; 4) indicate direction.



Landowner Name

Rusty String Fellow

Signature of Water Well Contractor

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

For Office Use Only: Aquifer: Well #:

Date completed: 1-2

Permit#

(601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the

This report mus	umn Acopy of F	Part 1 of this report mus	st be attached to the	is report.	
11/411	Owner Informat	tion l		Well Location	
owner Name: Rus	ty Stru	afellow	Latitude:	Longitude:	
			Method of Lat/Lon	g (circle one): Convention	nal Survey,
failing Address:				,	1
			USGS quad, Hand-held GPS, Survey-grade GPS		
			SEVNE	14 Sec 18 Twn 45	Rng5W
	State	Zip Code			ļ.
City	Stan	zip code	Distance 1	Direction Nearest T	own
			7 3477	5 of Gerige	0/10e613
elephone No. ()			Miles _	ULLING	
	Pump Type			Power Type	
	Circle one			Circle one	
	Int	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Air Lift (Jet	Suchibiolo			Tractor PTO
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor 170
	Th adams	Flowing Well	Windmill	Other (specify):	
Centrifugal	Rotary	1 TOWING WON		ing of Motor:	
Other (specify):			Horse Power Rati	ing of Motor:	
Date Pump Installed: _	1-29-	05	Setting Denth:	18	feet
Date Pump Installed: _	1 00,1				
Rated Pump Capacity:	1D	Gallons Per Minute	Number of Stage	s:	
	Pump Test Dat	9	Me	thod of Measuring Water	Level
				Circle one	
Date Well Tested:	1-24-0	05	Air Line	Electric Measuring Line	Steel Tape
	. 10	Feet Below Land Surface			
Static Water Level (A):	Leet Delow Danie our in-	Other (specify):		
Pumping Water Level	(B): _ <i>[</i>]	Feet Below Land Surface			
	5	East Dalow I and Surface	For flowing well	l, measured shut in head:	feet
Drawdown [(B) - (A));	LCC! DCIOM PRINT SHIRM	·		
Test Pumping Rate:	10	Gallons Per Minute	Well yielded	GPM wit	h a drawdown of
Duration of Pump Te	st (minimum 4 ho	ours):hours	5	feet after	hours of pumping
I HEREBY CERTIF	Y that the above s	statements are true to the	best of my knowled	ge.	e .
	V / -	$\sim 20/_{\circ}$	mile	~ 1 1710110	D-0

michael there Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable) FEB 16 2005

BY: OLWR