County:	ac	R50	57
Permit #:	***************************************		
Driller:	erce	We	(/
Date drilling		4-2	4-05

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:	
Well #: D- 212	
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.	
Well Owner Information	Well Location
Owner Name Levis Carter	Latitude:°" Longitude:°"
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,
Tanner Williamska.	USGS quad, Hand-held GPS, Survey-grade GPS
Hurley M 5 City State Zip Code	5E14 Skul Sec 9 Twn 45 Rng 5W
City State Zip Code	Distance Direction Nearest Town Miles of Georg Winle
Telephone No. ()	Range Farm Rd
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply	y Irrigation Fish Culture Other:
Date well drilling started: 9-24-05 Da	te well drilling completed: 9-24-05
If flowing, method of flow regulation: Valve Othe	r (describe)
Static Water Level: feet above or below (circle on	ne) land surface Date measured: 9-24-05
Method of Measurement (circle one) steel tape electric to	ape air line other:
Hole depth: 65 Well depth: 65	Well grouted to a depth of/ 5 feet
Type of grout (circle one): Cement Bentonite	fix ,
Casing length: Casing diameter:	inches Type of casing: \(\int \langle \text{GSTYC} \)
Screen length: 5 feet Screen diameter: 2	
Screen slot size: O C inches Setting depth: From	nfeet tofeet
Type of completion (circle all applicable): Gravel packed Un	nderreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. I	f telescoped or more than one screen, describe on back of page
Logs run (circle all applicable) No log run Electric Gamma F	Ray Density Sonic Neutron Other:
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in accordance v	
Environmental Quality and/or the Mississippi Department of Health regulati	ons and state laws.
Mike Pierce 0296	michael Prenie
Print Name of Water Well Contractor and License No	Signature of Water Well Contractor CEIVE

of Water Well Contractor and License No.

Ground Level	Description of Formations Encountered	From	To
	to psoil	0	10
	Clay	10	25
	good Sand	25	165
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If more than one corner show learning of such as about			

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.
X
Landowner Name: LEVIS Caster

Michael Pull
Signature of Water Well Contractor

County: h Cleson Permit #: Driller: Pleace We (1) Date completed: 9-25-05

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

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

(601)961-5210 601)354-6938 (fax)

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GP, SL 4 SW 4 Sec Trwn 45 Rng SW Distance Direction Nearest Town Miles Soft Circle one Pump Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Ga Bucket Piston Turbine Electric Motor Hand Tractor PTC Centrifugal Rotary Flowing Well Windmill Other (specify): Date Pump Installed: 935-05 Rated Pump Capacity: Gallons Per Minute Pump Test Data Pump Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Ga Windmill Other (specify): Horse Power Rating of Motor: / Setting Depth: 40 feet Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Feet Below Land Surface Other (specify): Feet Below Land Surface Other (specify): For flowing well, measured shut in head: feet Well yielded OGPM with a drawdown of		must be started to the Department within 30 days of the
Owner Name: Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		must be attached to this report.
Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GP: SL / SW / Sec Trwn 45 Rng 5 W Distance Direction Nearest Town Miles Sof Corac On Free Town Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Gallons Per Minute Pump Test Data Date Well Tested: Pump Test Data Date Well Tested: Pump Test Data Date Well Tested: Gallons Per Minute Discovered one Air Life Electric Measuring Water Level Circle one Air Life Submersible Diseal Engine Gasoline Engine Natural Ga Windmill Other (specify): Horse Power Rating of Motor: Setting Depth: 4 O feet Number of Stages: Other (specify): Feet Below Land Surface Pumping Water Level (A): Feet Below Land Surface Corawdown [(B) – (A)]: Feet Below Land Surface Gallons Per Minute Well yielded GPM with a drawdown of Well yielded GPM with a drawdown of		Well Location
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Telephone No. (SE 45W 4 Sec 9 Twn 45 Rng 5W
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	uration of Down Text (at the second	5 11

Signature of Pump Installer

OCT 19 2005

For Office Use Only:

Aquifer:

Well #:

Elevation:

BY: OLWR