State W	/ell Report		
County.	Part 1 For Office Use Only:		
	nt of Environmental Quality Aquifer:		
Driller: Michael S Hauaca P.O. E	Box 10631 Well #:		
Jackson, M	AS 39289-0631 L. S. Elevation:		
	4-6938 (fax) 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 TW Naramore Const.	Latitude: 38 ° 40 '58" Longitude: 88° 30 '78" 44		
Mailing Address: 4732 Davis Saumill Rd	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad Hand-held GPS Survey-grade GPS		
Lugedale MS 39452	NW 1/4 NW 1/4 Sec 29 Twn T45 Rng R5W		
City State Zip Code	Distance Direction Nearest Town 3 Miles 0 of Hurley		
Telephone No. (<u>J)8) 990 - 398 l</u>	r		
Well I	Data		
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:		
Date well drilling started: 12-07-06 Date w	well drilling completed: 12-09-04		
If flowing, method of flow regulation: Valve Other (d			
Static Water Level: feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: 70 Well depth: 70 Well grouted to a depth of 18 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 60 feet Casing diameter: 2 inches Type of casing: 540 ALC BE			
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PUC WOP			
Screen slot size:inches Setting depth: Fromfeet tofeet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:feet. If telescoped 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): I certify that the well was drilled, constructed, and completed in a	accordance with all applicable requirements of the Mississippi		
Department of Environmental Quality and/or the Mississippi Dep			
Michael S. Havard 0-673	Jeff Mille Har Com	ED	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor EUEIV	have I	
	DEC 212		
	BY: OL	WP	

D-242

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Toppand	0	5
	5	38
Clays 1	38	55
Clay Sand (med)	55	70
		\vdash

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

Sketch the	property layout and inclu	de the followin	g: 1) the wel	l location; 2)	any permane	ent structures of	on the proper	rty that may
	aid in locating the wel	l; 3) any roads,	power lines,	or other item	is that may ai	d in locating t	he property	and the well;
	4) indicate direction.							

well House

Landowner Name: TW Nasamore Const.

Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT

Permit #: Driller: Michael S. Havaco Date completed: 12-07-06

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)354-6938 (fax)

For Office Use Only:				
Aquifer:				
Well #: D-242	_			
Elevation:				

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installerion of pump

installation of pump.	
Well Owner Information	Well Location
Owner Name: JW Nasamore Const	Latitude: N 30 40.55 Longitude: W 88 30.74
Mailing Address: 4732 Davis Sawn!	Method of Lat/Long (circle one): Conventional Survey,
- X	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	¼¼ Sec <u>29</u> Twn <u>7 % Rng R5ω</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>DR</u>) <u>910 - 3981</u>	3 Miles N of Harley
Pump Type Circle one	Power Type Circle one
Air Lift 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: 12-12-64	Setting Depth:feet
Rated Pump Capacity: Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
rump Test Data	Circle one
Date Well Tested: 12-12-06	
Static Water Level (A): Feet Below Land Surface	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael S. Havas O-673

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

Signature of Pump Installer

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