Stata W	all Doport				
	ell Report For Office Use Only:				
	art 1 of Environmental Quality Aquifer:				
	weil #: E(77				
Driller QUST ULTO VOLT State Jackson, M	S 39289-0631 L. S. Elevation:				
	961-5210				
(601)354	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 Thomas Fairfield	Latitude: 30 • 35 • 23 Longitude: 088. 49 , 914				
Mailing Address: John Smith RD	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS Survey-grade GPS				
Vancleave, Ms 39565 City State Zip Code	Sal 1/2 Sin 1/2 Sec 19 Twn 755 Rng R8W				
City State Zip Code	Distance Direction Negrat Town				
Telephone No. (228) 875-9052	Distance Direction Nearest Town <u>4/2</u> Miles Nearest of Chromene				
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:				
Date well drilling started: <u>3-A-Oc</u> Date well drilling completed: <u>3-4-Qc</u>					
If flowing, method of flow regulation: Valve NA Other (describe)					
Static Water Level: <u>95</u> feet above or below (circle one) land surface Date measured: <u>3-4-06</u>					
Method of Measurement (circle one) steel tape electric tape	(air line) other:				
Hole depth: 346 Well depth: 346 Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length <u>326</u> feet Casing diameter: <u>0"K4</u> inches Type of casing: <u>PVC</u>					
Screen length: <u>AO</u> feet Screen diameter: <u>A</u> inches Type of screen: <u>PVO</u>					
Screen slot size: • 008 inches Setting depth: From 326 feet to 346 feet					
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): NIA I certify that the well was drilled, constructed, and completed in a	accordance with all applicable requirements of the Mississinni				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
Jack Ridgdell 0-472	Jack Kit dill				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

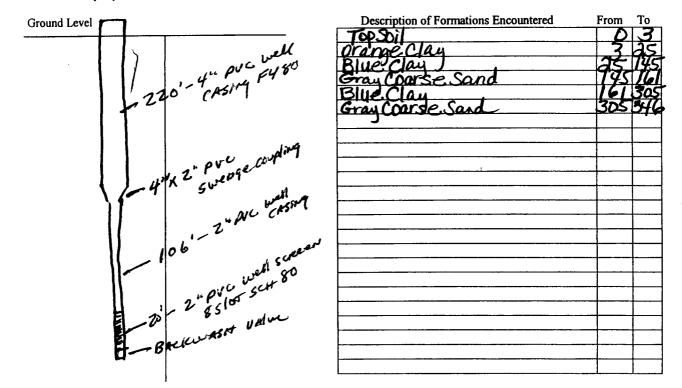
\* . .

MAR 2 9 2006 BY: OLWR

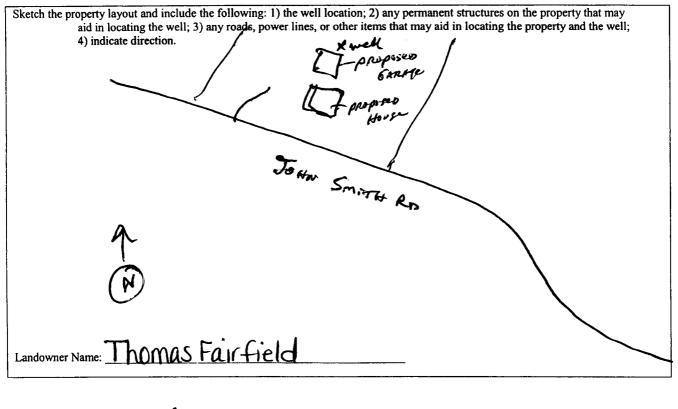
E177 -

If well telescopes please sketch below and show depths.

'•



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



Signature of Water Well Confractor

MAR 2 9 2006 BY: OLWR

		STATE WI	ELL REPORT		
County: <u>Jac</u> Permit #: Driller: <u>Cast</u> Date completed:	where wells av	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)		Aquifer:	EI77 <sup>2</sup>
This report s installation o		ne pump installer in deta	ail and filed with the Departm	ent within 30 day	/s of the
mistanation o	Well Owner Informa	tion	Well Location		
Owner Name:	nomAsFairfie	d	Latitude: <u>088° 491964</u> " 58		
Mailing Address:_	Johnsmith	RD	Method of Lat/Long (circle onc): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS			
Vancleave Ms 39565 City State Zip Code			SW 1/ SW 1/ Sec 19 Twn TSS Rng R8W		
			Distance Direction Nearest Town		
Telephone No. (208 875-9052			4/2 Miles No RETATIONE LATIMER		
	Pump Type Circle one			ower Type Circle one	
Air Lift	Jet '	Submersible	Diesel Engine Gasoli	ine Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand		Tractor PTO
Centrifugal	Rotary	Flowing Well		(specify):	
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: 3-7-06			Setting Depth: 100FT. Drop Pipes feet		
Rated Pump Capa	city: <u>12</u>	Gallons Per Minute	Number of Stages:	0	-
Pump Test Data Date Well Tested: 3-7-06				easuring Water I Circle one	.evel
	<u> </u>		Air Line Electric Me	asuring Line	Steel Tape
Static Water Level	· //	Below Land Surface	Other (specify):		
	evel (B): <u>N/A</u> Feet				
	(A)]: <u>N/A</u> Feet		For flowing well, measured s		•
	e: <u>12</u> Test (minimum 4 hours):	-	Well yielded <u><u><u></u></u> <u><u>N</u><u>A</u> feet after</u></u>	,	rawdown of ours of pumping
		nents are true to the best of		, ,	
Print Name of Pur	mp Installer and License I	vo. (if applicable)	Signature of Pump I	nstaller	RECEIVE
					MAR 2 9 2008

**BY: OLWR** 

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