State V	Vall Doport
	Part 1 For Office Use Only:
	at of Environmental Quality Aquifer: F440
	and Water Resources Box 10631 Well #:
Denilet (IN THAT'T FUNCTIONS VIE	
5 7 11	AS 39289-0631 L. S. Elevation:
(601) 3	54-6938 (fax) E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within
Well Owner Information	Well Location
Owner Name Mark Seymour	Latitude 30 . 35 31,14" Longitude: 088. 41, 33,78"
Mailing Address: LAKE Drive EAST	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Vancleave, MS 39565 City State Zip Code	<u>SE 1/5W 1/4 Sec 21 Twn755 Rng R7 W</u>
Telephone No. 008) 218-3569	Distance Direction Nearest Town <u>414</u> Miles <u>NORTH</u> of <u>NANCLEME</u>
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other: POND WE
Date well drilling started: <u>5-3-11</u> Date	
If flowing, method of flow regulation: ValveA Other (c	lescribe)
Static Water Level: feet above or below circle one)	and surface Date measured: <u>5-3-11</u>
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: <u>SOFT</u> . Well depth: <u>SOFT</u> .	Well grouted to a depth of feet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: <u>70</u> feet Casing diameter: <u>4</u>	_inches Type of casing: <u>PVC</u>
Screen length: <u>IO</u> feet Screen diameter: <u>4</u>	inches Type of screen: <u>PVC</u>
Screen slot size: <u>, OIU</u> inches Setting depth: From_	70 feet to <u>80</u> feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development
	escoped 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): N/A	
I certify that the well was drilled, constructed, and completed in a Department of Environmental Quality and/or the Mississippi De	
Tack Ridadal a 1172	artment of Health regulations and state laws.
Print Name of Water Wall Contractions 11	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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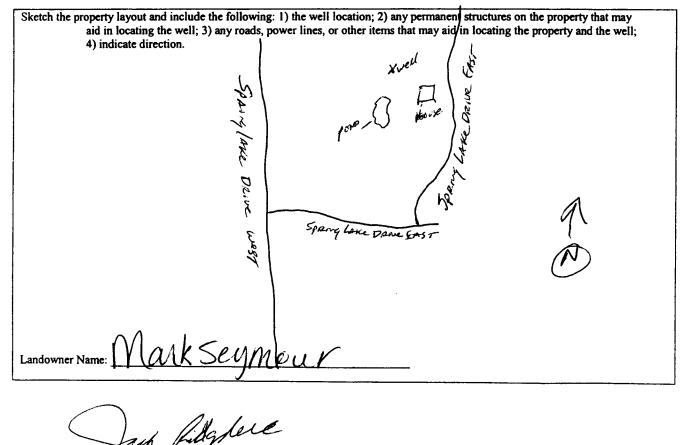
F440

If well telescopes please sketch below and show depths.

## Ground Level

	Description of Formations Encountered	From To
	TopSoil	0
	orange clay	130
	Brown coarse sand	30 80
	1	
	······································	
I		

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



Signature of Water Well Contract

Permit #: Drille <u>CastWaterWell</u> SRV. Date completed: <u>5-3-11</u>	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)		Well #:	
This report should be prepared by the installation of pump.	pump installer in detail and filed w	ith the Departme	nt within 30 da	ays of the
Well Owner Informatio			Location	
Owner Name: Mark Seymon	LT Latitude: 30	°35'31.14	Longitude:	88.41 33.78
Mailing Address: LARE Drive	Eas- Method of L	at/Long (circle on	e): Convention	ial Survey,
	Ľ	ISGS quad, Hand	-held GPS; Sur	rvey-grade GPS
Vancleave M	3.39565 SE 1.5	ω ¼ Sec 2	/ Twn 7.5	SRng R7W
City State	Zip Code Distance	Direction	Nearest To	wn
Telephone No. 008)218-3569	4/2 M	iles Norat of	Variles	we
Pump Type Circle one			<b>ver Type</b> rcle one	
Air Lift Jet	Submersible Diesel Engin	e Gasolin	e Engine	Natural Gas
Bucket Piston	Turbine Electric Mot	or Hand		Tractor PTO
Centrifugal Rotary	Flowing Well Windmill	Other (s	specify):	
Other (specify):	Horse Power	Rating of Motor:	1 H.P.	
Date Pump Installed: 5-4-1	Setting Dept	h: LOFT.D	roplipe	feet
Rated Pump Capacity:	allons Per Minute Number of S	tages:7	7	_
Pump Test Data		Method of Mea	suring Water	Level
Date Well Tested: 5-4-1		Cir	rcle one	
Static Water Level (A): Feet B	elow Land Surface	Electric Meas	uring Line	Steel Tape
Pumping Water Level (B): NA Feet Be	low Land Surface Other (specif	ý):		
Drawdown [(B) - (A)]:	elow Land Surface For flowing v	well, measured shu	ıt in head:/	A feet
Test Pumping Rate: <u>23</u> G	allons Per Minute Well yielded	60	_GPM with a c	lrawdown of
Duration of Pump Test (minimum 4 hours):		feet after	•	ours of pumping
Stration of Fump Test (nummum + nouis)			t.	

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