ω ²	State Well Report	For Office Use Only:	
Comment of the control	Part 1		
County: On spr	Mississippi Department of Environment	tal Quality Aquifer:	
Permit #:	Office of Land and Water Resour	rces Well #: 4-55	
Permit #:	P.O. Box 10631		
Driller:	Jackson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 12-17-07			
Date drilling completed.	(601)354-6938 (fax)	E-log #:	
State I am requires that this ren	ort 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	ation	Well Location	
	Name Johnny Windham Latitude:		
Mailing Address: 283 C.R.	1	Method of Lat/Long (circle one): Conventional Survey,	
Waiting Address.		ad, Hand-held GPS, Survey-grade GPS	
Bay Spains	Mc 34422 N 4 6	N 14 & 14 Sec 32 Twn 2 N Rng 1/6	
City	tate Zip Code	Direction Nearest Town	
. 7/1 0	Distance	Direction Nearest Town	
Telephone No. (61) 764 3	5765	S East of Bay Springs M	
•	Well Data		
Paragraphy of Wall (girale one) Home Ir		Fish Culture Other: Chiolon Farm	
Purpose of Well (chele one) Home in	Date well drilling com	pleted: 12 - 17 - 07	
Date well drilling started:	/alve Other (describe)	BOTTE	
If flowing, method of flow regulation: V	Valve Other (describe)		
Static Water Level: /// feet	above or below (circle one) land surface I	Date measured:	
Method of Measurement (circle one)	steel tape electric tape air line	other: Fry 39	
Hole depth: 475 Well	depth: 475 Well grouted	d to a depth offeet	
Type of grout (circle one): Cement	Bentonite Mix	0.10	
Casing length: 425 feet Ca	asing diameter: 4x2 inches T	ype of casing:	
Screen length: 50 feet S	creen diameter:inches T	ype of screen:	
•	es Setting depth: From 425	A CONTRACTOR OF THE PROPERTY O	
Type of completion (circle all applicable	le): Gravel packed Underreamed Tele	escoped Open hole Natural Development	

Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

feet. If telescoped or more than one screen, describe on back of page

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Other (describe): __

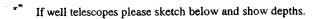
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Top of lap pipe or reduction in casing: _

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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Ground Level	7
250-12 30 250 mm	1.20. 1 2.1. 1.20.

Description of Formations Encountered	From	То
Teg soil & Chay	C _	20
Cad	10	90
C/11	190	150
Surch	150	
Ch. y .		200
Sand	4/18	475
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following aid in locating the well; 3) any roads, 1 4) indicate direction.	(: 1) the well location; 2) any permanent structures on the property that may properly and the well; the property and the well;
Landowner Name: Johna Wind	Same I

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Permit #: ______ Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

Date completed: 22-1707

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #: K-55		

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.			
Well Owner Information	Well Location		
Owner Name: Thomas liver home	Latitude:Longitude:		
Mailing Address: 253 CR. 273	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	N 4 8 4 Sec 32 Twn 2N Rng 118		
	Distance Direction Nearest Town		
Telephone No. (10) 764 - 3465	5 Miles East of Pay Epon Ms		
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet 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: 12-17-07	Setting Depth: 200 feet		
Rated Pump Capacity:Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested: 12 - 17 - 0 7	Circle one		
Static Water Level (A): 146 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): 170 Feet Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]: Peet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: 70 Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Nelson CAIN 0374 7/oLa Com			
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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