County: Jones Permit #: Mississippi Departur Oriller: John W Theorem Jackson Date drilling completed: 10-311-08 (601)	Well Report Part 1 nent of Environmental Quality and Water Resources D. Box 10631 n, MS 39289-0631 01)961-5210)354-6938 (fax)			
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 Rerry allen	Latitude:' Longitude:'			
Mailing Address: Service rd	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Sose MS				
City State Zip Code	1/4 Sec_21_Twn_9/1 Rng/2/h			
	Distance Direction Nearest Town			
Telephone No. ()				
Weil Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: $10-30-08$ Date well drilling completed: $10-31-08$				
If flowing, method of flow regulation: Valve Other (describe) Static Water Level: feet above or below (circle one) land surface Date measured: 10-31-05				
Method of Measurement (circle one) steel tape electric				
Hole depth: <u>283</u> Well depth: <u>275</u> Well grouted to a depth of <u>20</u> feet				
Type of grout (on one one).	Mixinches Type of casing:			
	I unclines Type of casing.			
Screen length: <u>20</u> feet Screen diameter: <u>C</u>	inches Type of screen: $\frac{7}{10}$ $\frac{10}{10}$			
Screen slot size: <u> Q10</u> inches Setting depth: Fro				
Type of completion (circle all applicable): Gravel packed U	Inderreamed 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 accordance with all applicable requirements of the Mississippi				
I certify that the well was drilled, constructed, and completed in accordance with an applicable requirements of the mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Department of Environmental Quality and/or the Mississipp <u>John W Thompson 0-670</u> Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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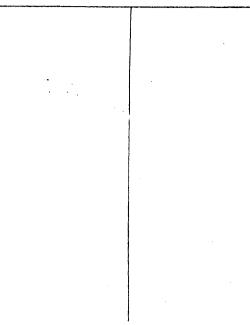
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If well iclescopes please sketch below and show depths





Description of Pormations Encountered	From	То
Sandy Clay	0	50
cidy 1	50	100
I, Clay	100	255
Sand	755	2.75
Clay	775	283
	- <u> -</u>	500
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Himore than one screen, show location of each on sketch

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Signature of Water Well Contractor

	STATE WI	ELL REPORT			
County: Jones Permit #: Driller: John W Thempon	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		For Office Use Only:		
Date completed: $10-31-08$			Well #: <u>B-114</u> Elevation:		
<u>Copy information from block on Part 1</u> This part of the report must be completed b	w a licensed water well	54-6938 (fax) contractor or a licensed pump i	nstaller. A copy of Part 1 of the		
report must be attached and both parts file Well Owner Information	d with the Department	at the above address within 30 d	ays of well completion.		
Owner Name: Kerry aller		Latitude:	_Longitude:		
Mailing Address: <u>Service</u> 1	<u>d</u>	Method of Lat/Long (check one): Conventional Survey			
Soso M			USGS quad, Hand-held GPS, Survey-grade GPS ¼ ¼ Sec2 T91/R/21/		
City State					
Telephone No. ()			Nearest Town		
		Be	wer Type		
Pump Type Circle one			Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):		
Other (specify):		-	r:		
Date Pump Installed: $10 - 31 - 08$		Setting Depth: <u>240</u> feet			
Rated Pump Capacity:		Number of Stages:			
Pump Test Data	,		easuring Water Level Circle one		
Date Well Tested: $10 - 31 - 03^{2}$ Static Water Level (A): 57 Feet	Below Land Surface		asuring Line Steel Tape		
isi A	Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]: 53 Feet	Below Land Surface	For flowing well, measured	shut in head:feet		
11 5	Gallons Per Minute	Well yielded 42	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	<u>53</u> feet after	hours of pumping		
I HEREBY CERTIFY that the above staten	0-679	John W	Konfor		
Print Name of Pump Installer and License N	No. (if applicable)	Signature of Pump	Installer Form: OLWR-SW		
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