TONES CO. PARTI		
Permit #:	ment of Environmental Quality	Aquifier:
Unite: - / / / / / / / / / / / / / / / / / /	THE GITTLE WATER RECOGNISCE	
Date drilling completed: 12-16-06 Jackson	O. Box 10631 n, MS 39289-0631	Well #: J-/20
	V1)961 -52 10	L. S. Elevation:
(601)354_6029 (S)	
State Law requires that this report be prepared by	41.	E-log #:
State Law requires that this report be prepared by 30 days of completion of drilling of the well. Well Owner Information	the driller in detail and filed v	with the Dengriment with
Well Owner Information		
Owner Name DONY DAVIS	Well	Location
Mailing Address: 130 WATKINS Rd	Latitude: 3/ 3/ 26	" Longitude:81/2028
Jo Million Ma	Method of Lat/I one (circle	
	Method of Lat/Long (circle one): Conventional Survey,
MOSELLE MS 39459 City State Zin Code	USGS quad, Hand-held	GPS, Survey-prade CDC
City State 7 in Code		Twn 7N Rng 13 W
Telephone No. GOD 752 2430	Distance	Rng 13 W
2730	S Miles MACO	Nearest Town
TI., N	Distance Direction Miles WCS of	MOSELLE
Purpose of Well (circle one) Home Industrial Public Sand	Data	
Date well drilling started: 12-12-06 Date If flowing, method of flow regulation: Valve Other (d. Start of the control of the	Irrigation Fish Cultural	
rea three 12-12-Cb Date	mail derine (Other:
it flowing, method of flow regulation: Valve	well drilling completed:	-20-0h
If flowing, method of flow regulation: Valve Other (d	escribe)	10
Static Water Level: Other (d Static Water Level: Other (d Method of Measurement (circle one) steel tape electric tape Hole depth Clearly electric tape	and surface Date	12 15
Hole depth: 2/1	Date measured:	2-19-06
3/ U	other-	!
Type of grout (circle one): Cernent Bentonite	Well grouted to a depth of	6
Casing length: Cernent Bentonite Mix	a depth of	feet
Screen laws 9	inches Type of casing:	Place
Screen elet in Screen diameter.	and the same	
Inches S	-) Pe of screen	VC
T-stout (Circle off and to a	260 feet to 280	
an applicable): Gravel packed Underrea	med Talan	feet
1	med Telescoped Open hole	Natural Development
P-p- of feduction in com-		
Logs run (circle all applicable): At .	oped or more than	
Logs run (circle all applicable): No log run Electric Gamma Ray D. Name of organization running log(s):	oped or more than one screen, de	scribe on back of page
Department of Regimes and completed, constructed, and completed		
Quality and/or the Mississian	dance with all applicable requi-	
I certify that the well was drilled, constructed, and completed in account of Environmental Quality and/or the Mississippi Department of Environmental Quality and/or the Mississippi Department of Environmental Quality and/or the Mississippi Department Name of West	cent of Health regulations	ments of the Mississippi
Print Name of Warren W. PARKER	A THOUS SEED ST	ete laws.

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

FFB 19 JAC

Ground Level		Description of Formations Engountered	From	To //O
		SANG	0	110
	!	CLAC	110	188
	1	SANG, ANG CLAY	180.	20
		ChAY	200	250
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.
#2 HOME
#2 DAING
Landowner Name:
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

1

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

Aquifer: Well#: J-/20	For Off	ice Use Only:
Well #:	Aquifer:	19
	Well #:	-120
Elevation:	Elevation:	

Date completed: // 20	(601)354-6938 (fax)		Elevation:	
This report should be prepared by the installation of pump.	pump installer in det	ail and filed with the Depart	ment within 30 da	ys of the
Well Owner Information	n	We	ell Location	
Owner Name: TONK DAV	115	Latitude: 3/3/26	Longitude: 8	92028
Mailing Address: 130 WATK	NS Rd	Method of Lat/Long (circle o		
Mosephe Ms City State	39459 Zip Code	USGS quad, Ha	nd-held GPS, Surv Twn Twn Nearest Tov	Rng 13 W
Telephone No. (601) 752 - 2	1430	5 Miles WEST	of Mose	140
Pump Type Circle one			ower Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gaso	line Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	ı	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill Othe	er (specify):	
Other (specify):		Horse Power Rating of Moto	r: 12	
Date Pump Installed: 12-19-	06	Setting Depth:	0	feet
Rated Pump Capacity:G	allons Per Minute	Number of Stages:	4	
Pump Test Data		35.0		1
	06		easuring Water L Circle one	evel
Static Water Level (A): 120 Feet B	elow Land Surface	Air Line Electric M	easuring Line	Steel Tape
Pumping Water Level (B): 180 Feet Be		Other (specify):		***************************************
1 000	elow Land Surface	For flowing well, measured	shut in head;	feet
Test Pumping Rate:G		Well yielded		awdown of
Duration of Pump Test (minimum 4 hours): _	10 hours	feet after	hou	urs of pumping
		1	RI	CEIVED
I HEREBY CERTIFY that the above statemen	nts are true to the best	of my knowledge.	Pork	EB 1 9 2008

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