County: LATAYETTE
Permit #:
Driller: FLOIG FOR L
Date drilling completed: 4-5-07

# State Well Report Part 1 – Driller's Log

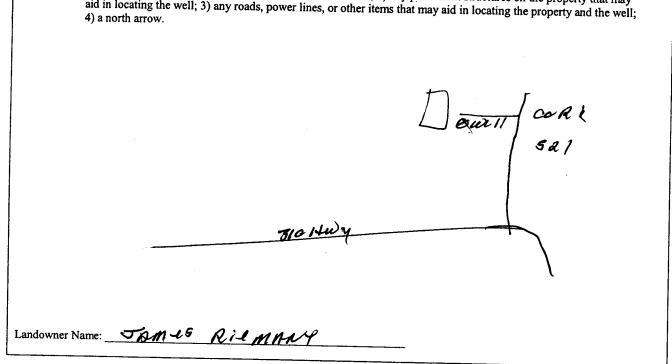
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:
Aquifer:
Well #: <u>H-60</u>
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the

Department at the above address within 30 days of com	ipletion of drilling of the well or borehole.
internation on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	I saide also
Owner Name JAMES Rie MANY	Latitude:°' Longitude:°'
Mailing Address: #53 CO. Rd 521	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	¼¼ Sec <u>35</u> Twn <u>69</u> Rng <u>5 w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	Miles W of WARMER TOWN
Well / Boro	ehole Data
Date drilling started: 4-5-07Date drilling completed: 4-5-	-07 Hole depth: 95 Hole diameter: 62
Location of the source of any surface water used for drilling:	Well
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development.	lopment: 2 GBI Clonex
Logs run (circle all applicable): No log run Plectric Gamma Ray Name of organization running log(s):  (Attach copy of log to this report)	
Purpose of borehole (check one): Water Well \( \textstyle \textstyle \) Geotechnical/Geol Seismic Survey \( \textstyle \) Other (describe  If drilling is not related to water well construction)	
Purpose of Well (check one): Home Industrial Public Supply	/ Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve O	ther (describe)
Static Water Level: 20 feet above or below circle one) l	and surface Date measured: 1/6-7
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: 9 5 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cement Rentonite
Casing length: 20 feet Casing diameter: 4	inches Type of casing: 19UC
Screen length: 10 feet Screen diameter:	inches Type of screen: 6/07 rove
• . •	65 feet to 95 feet
Type of completion (circle all applicable): Gravel packed Underro	
Other (describe):	25volopinen
Top of lap pipe or reduction in casing:feet. If tele	scoped or more than one screen, describe on next page

Ground Level  Description of Formations Encountered From (depth) To (depth)  Ground Level  Sant Sant Some wickly   5 miles   5	If well telescopes, show depths on sketch.	wells and boreholes, unless specifically	exempted by reg	<u>ulations</u>
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 location the arms and in locating the well; 3) any roads, power lines, or other items that may aid in location the arms and in location the arms are arms and in location the arms are arms and arms are arms and arms are	Ground Level	Description of Formations Encountered	From (denth)	To (domily
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I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

PRANKLANG FOR 6 622 M-7-07
Date

Signature of Licensee

#### STATE WELL REPORT

### County: LAYERYETTA Permit #: \_\_\_\_\_ Driller: R LANG FORE Date completed: W-6-07

## 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

Fo	r Office Use Only:
Aquifer:	
Well #: _	A-60
Elevation:	

(601)354-6938 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Well Location Owner Name: TAME 5 RILMANT Latitude: Longitude: Mailing Address: #55\_ Co Rd 5a1 Method of Lat/Long (check one): Conventional Survey\_\_\_\_, USGS quad\_\_\_\_, Hand-held GPS\_\_\_, Survey-grade GPS \_\_\_\_\_¼ \_\_\_\_¼ Sec\_ <u>35</u> T <u>6 S</u> R <u>5ω</u> Distance Direction Nearest Town Telephone No. (\_\_\_\_)\_\_\_\_ 2 Miles W of NARMAN TOWN 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: W-6-07 Rated Pump Capacity: \_\_\_\_/ 6 \_\_\_\_ Gallons Per Minute Number of Stages: 12 **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: 4-6-07 Air Line Electric Measuring Line Static Water Level (A): 60 Feet Below Land Surface Other (specify): Pumping Water Level (B): \_50 \_Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_ O Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_ feet Test Pumping Rate: \_\_\_\_\_\_ Gallons Per Minute Well yielded 154 GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours O feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	AND THE RESERVE OF THE PARTY OF
KMANY LANG ford 0-622	Signature of Pump Installer	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	APR 19 77