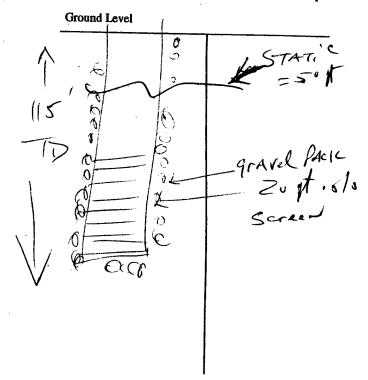
State .	Well Report			
County: CA fa ye the	Part 1	For Office Use Only:		
Mississippi Departr	ment of Environmental Quality	Aquifer:		
Office of Lar	nd and Water Resources	Well #: <u>C-18</u>		
	O. Box 10631	Well #:		
	n, MS 39289-0631	L. S. Elevation:		
· · · · · · · · · · · · · · · · · · ·	01)961-5210 3354-6938 (fax)	77.1 #		
(601)354-6938 (fax)		B-log #:		
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 Ralph Roy	Latitude:	_" Longitude:°"		
Mailing Address: 25 CR 210	Method of Lat/Long (circle on			
	USGS quad, Hand-held	GPS, Survey-grade GPS		
City State Zip Code	Alaberille 1/5			
Telephone No. <u>662</u> 234-2543	Distance Direction	Nearest Town		
	Distance Direction Miles	of Oxford		
	ell Data			
Purpose of Well (circle one) Home Industrial Public Supply	y Irrigation Fish Culture	Other:		
Date well drilling started: 12-18-06 Da				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth://5 Well depth://5 Well grouted to a depth of/ Ufeet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 75 feet Casing diameter: 4" inches Type of casing: PVC				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: 2 C				
Screen slot size: 10/0 inches Setting depth: From 95 feet to 1/5 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):	-			
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one scree	en, 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				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Leeper Orilling # 0079		Lies		
Print Name of Water Well Contractor and License No.	Signature of	Water Wall Carry		

JAN 17 2007



Description of Formations Encountered	From	То
70PC/4 y	0	20
Red SANd	20	40
Why TE SAND	40	113

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

Sketch the property layout and include the following: 1) the well	Continue 2) ones normando de la continue de la cont
in routing the went, 5) any roads, power lines, o	or other items that may aid in locating the property and the well;
4) indicate direction.	many and in counting the property and the won,
IX - well	
New HOME	
Landowner Name: RALL R	/ /

Signature of Water Well Contractor

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BY: OLWP

STATE WELL REPORT

elfny. the Missi

County:

Permit #:

Driller:

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 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

(001)	334-0936 (lax)	
This report should be prepared by the pump installer in de installation of pump.	tail and filed with the Department within 30 days of the	
Well Owner Information	Well Location	
Owner Name: RAPh Ruy	Latitude:Longitude:	
Mailing Address: 25 CR 2/U	Method of Lat/Long (circle one): Conventional Survey,	
Alsheville 1/5 City State Zip Code Telephone No. 662 234-2543	USGS quad, Hand-held GPS, Survey-grade GPS	
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: 4.P	
Date Pump Installed: 12-18-06	Setting Depth:feet	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
Pump Test Data		
Date Well Tested: 12-18-06	Method of Measuring Water Level Circle one	
	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface	carea (openity).	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Lee Dev Or Illies # 00 79

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

Signature of Pump Installer

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