/ 4/ 1/	l prace Mell Keboll	
· County: -Alayette	Part 1	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	
	Office of Land and Water Resources	Aquifer:
Driller: Leeper Scilling	P.O. Box 10631	Well #: D 22
	Jackson, MS 39289-0631	1101111.
Date drilling completed: Acre 14 2012	(601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	
State I am manut		E-log #:
30 days of complete that this rep	ort be prepared by the driller in detail and filed	241 41 7
Well of drilling	ort be prepared by the driller in detail and filed w	ith the Department within
Well Owner Information		
Owner Name Dany M' Kit	trick To a second	" Longitude (Sq. • 20 • 998)"
7	Latitude: 39 ° 2k · 331	"Longinule: 8 . DO 1098"
Mailing Address: CC 245	19	75 AE
1.	Method of Lat/Long (circle on	e): Conventional Survey.
OXXX MS	≥ C/	GPS, Survey-grade GPS
Oxford MS City State	NEW SEW SEW SECON	Twn 75 Rng W
m (C)		
Telephone No. 662 418 - 8414	Distance Direction	Nearest Town
	Distance Direction Miles NE	of Oxford
	Well Data	
Purpose of Well (circle one) Home Indu	. Out Date	
Indu	strial Public Supply Irrigation Fish Culture	0.11
Date well drilling started:	4 2012 Date well drilling completed: Aug	Other:
0	Date well drilling completed: Aug	10 242
If flowing, method of flow regulation: Valve		, , , , , ,
Charles TVI	Other (describe)	
Static Water Level:feet above	ve of below (circle one) land surface Date measured:	C
Method of Menousers is	Date measured:	8-14-12
stee	l tape • electric tane gir line	J
Hole depth: 280 15 Well day	I tape electric tape air line other:	
Wen depti	Well grouted to a depth of	10
Type of grout (circle one): Cement	Bentonite (18)	reet
Demonite Mix		
Casing length: 230 feet Casing diameter: 4 inches Type of casing: PV C		
Screen length: 40 feet Screen		
Screen islet size: 40 feet Screen diameter: 2 inches Type of screen: PV C		
Companished at the second seco		
Teel to Selver		
Type of completion (circle all applicable): Gravel packed, Hedenical Completion (circle all applicable):		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development		
	Other (describe):	·
Top of lap nine or reduction in and		
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. Bland in a		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:		
I certify that the well was drilled, constructed, and completed in accordance with all		
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.		
1 Department of Health regulations and the		
Lezper Dr. 11 ing # 0079		
Dr. Iling	K.	• •
Print Name of Water Well Contractor and Lice	man Nr.	7
	Signature of Wa	nter Well Cantractor

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground	Level		
2801	y .	~	140 H = 5707ic Level
TD		-230 yt	`
V		, 510	→ ▼ ₹ ¾ [

Description on the management		
Description of Formations Encountered	From	То
Top Gumbo	0	20
	<u> </u>	
Blue Clay	20	60
Blanch State		
DIACK Clay With		
Black Clay with	60	286
5928	240	260
	_	
	<u> </u>	
	<u> </u>	
	ļ	
	ļ	

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

Sketch the property layout and include the following: 1) the aid in locating the well; 3) any roads, power l 4) indicate direction.	well location; 2) any permanent structures on the property that may ines, or other items that may aid in locating the property and the well;
	(dell site
	-7(1)
	RIVE Way
	Home
Landowner Name: Darry MC (Citte)	ck

Signature of Water Well Contractor

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ay: Olwif

STATE WELL REPORT

Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Landard Water P

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 #: D22 Elevation:	- -

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

C C C C C C C C C C C C C C C C C C C	. Well Location
Owner Name: Dany Mc Kittrick	Latitude: 34 28.331 Longitude: 89 20.098
Mailing Address: CR 245	Method of Lat/Long (circle one): Conventional Survey,
DX/JMS PULL	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NE 1/4 SE 1/4 Sec 20 Twn 75 Rng 1W
Telephone No. (664) 418-8414	Distance Direction Nearest Town
7.7.7	Miles NE of OX for d
Ритр Туре	
Circle one	Power Type 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: 12 +15
	Setting Depth: / & G feet
Rated Pump Capacity: 20 Gallons Per Minute	Number of Stages: \
Pump Test Data	
Date Well Tested: 9-14-12	Method of Measuring Water Level Circle one
Static Water Level (A):/40Pee(Below)Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
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
Y LEDDEN CO.	

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

Legger Dr. 11 25 4079

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

Signature of Pump Installer

SEP OUMF