State W	all Report		
	State Well Report Part 1		
inississippi Departmen	t of Environmental Quality	Aquifer:	
· · · · · · · · · · · · · · · · · · ·	hit #: Office of Land and Water Resources		
	P.O. Box 10631 Jackson, MS 39289-0631 L. S. Elevation:		
	<u>5</u> (601)961-5210		
(601)354-6938 (fax) E-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	Wel	Location	
Owner Name Henritta South	Latitude:°'	_" Longitude:''	
Mailing Address: 18 CR 🗪 300	Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-heid	GPS, Survey-grade GPS	
City State Zip Code	1 <u>MS</u> State Zip Code 14 <u>14 Sec</u> 3		
Telephone No. (2) 234-8802	Distance Direction	Nearest Town $d_{x-f_{x-x}}$	
Well		· · ·	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: $7-15-05$ Date well drilling completed: $7-15-05$			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured:7-16-05-			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth:			
Type of grout (circle one): Cement Bentonite (Mix)			
Casing length: 10 feet Casing diameter: 4" inches Type of casing: 10 C			
Screen length:			
Screen slot size: <u>' ' lu</u> inches Setting depth: From <u>170</u> feet to <u>185</u> 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 te	lescoped or more than one scro	een, 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):			
Department of Environmental Quality and/or the Mississippi Dep			
Leeper Drilling # 0079	an unent of freatth regulations	and state laws,	
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor	
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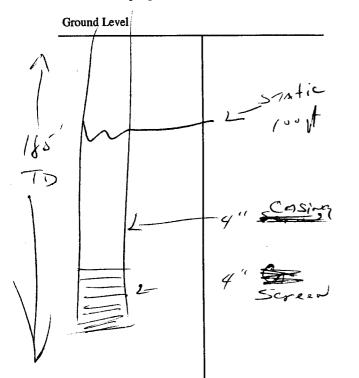
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If well telescopes please sketch below and show depths.

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Description of Formations Encountered	From	To
-Top Chay	0	20
BROWN SAND	Zu	100
white Sand	100	185

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. K Will eg h rive Veritta Sm 2 Landowner Name: Signature of Water Well Contractor RECEIVED AUG 1 1 2005

BY: OLWR

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STATE WI	ELL REPORT	
County: La fayeltt Permit #:	For Office Use Only: Aquifer: Aquifer: Aquifer: Well #: 4-6938 (fax) II and filed with the Department within 30 days of the	
installation of pump. Well Owner Information	Well Location	
Owner Name: <u>Heaverit 1a</u> <u>Smith</u> Mailing Address: <u>(X C R 300</u>	Latitude: Longitude:	
Malling Address: 18 Cr 903	Method of Lat/Long (circle one): Conventional Survey,	
$\frac{O \times f_{o} - d}{City} \frac{MS}{State} \frac{38655}{Zip Code}$ Telephone No. (63 $Z34 - 8802$	USGS quad, Hand-held GPS, Survey-grade GPS <u>14</u> <u>14 Sec 32 Twn & S Rng 30</u> Distance Direction Nearest Town <u>2 Miles Southof Off</u>	
Ритр Туре	Power Type	
Circle one	Circle one	
Air Lift Jet Submersible	Diesel Engine Gasonine 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:	Setting Depth:feet	
Rated Pump Capacity:/OGallons Per Minute	Number of Stages: / \	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:7-16-05	Circle one	
Static Water Level (A):Fee(Below) and 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		
• <u>-</u>	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of Leeper Dr: 11, and the own of Pump Installer and License No. (if applicable)	of my knowledge Signature of Pump Installer RECEIVE	

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BY OLWR