County: 2A-fa yette	State \	Well Report	
Permit #:	Part 1 Mississippi Department of Environmental Quality Office of Land and Ways D		For Office Use Only:
Driller: Leeper Deilling	Office of Land	and Water Resources	Aquifer: H 9
Telling Seilling	P.O.	Box 10631	Well #:
Date drilling completed: 7/20/10	Jackson, 1	MS 39289-0631	
	(601\24	)961-5210 54-6938 (fax)	L. S. Elevation:
State Law requires that this repo	ort he proper	(IAX)	E-log#;
State Law requires that this repo 30 days of completion of drilling Well Owner Informat	of the well.	driller in detail and filed wi	th the Department within
Owner Name		Wall	· · · · · · · · · · · · · · · · · · ·
Owner Name Mailing Address: Cyfres Crek Road		Latitude: 34 . 24 . 08	" Longitude: \$9-18.21
		raction of Lat/Long (circle one	): Conventional Survey.
City , State		USGS quad, Hand-held GDC o.	
Telephone No. (62) 801-1396	-ip Couc	Twn 85 Pag (//)	
33.4		Distance Direction of	Nearest Town
Purpose of Well (circle	Well D	ala	Tree
Purpose of Well (circle one) Home Indust	rial Public Supply	Irrigation Fish Culture	
Date well drilling started: 22	2010 Date we	drilling community	ther:
it nowing, method of flow regulation: Valve	· · · · · · · · · · · · · · · · · · ·	- Completed:	- 20 - 10
Static Water Level:feet above	Ar balo	cribe)	
Method of Measurement (circle one) steel t	circle one) lan	d surface Date measured:	7-21-10
Hole depth: 95 Well depth:  Type of grout (circle one): Cement Be	95 1	air line other:	
Type of grout (circle one): Cement Bo	entonite	Well grouted to a depth of	<u>feet</u>
Casing length: 80 feet Casing dia	ameter: 4' in		1
feet Screen die	imeter: 4"	nches Type of casing:	VC
		Type of casing:  Type of screen:	(
Type of completion (circle all applicable): Gran	Vol packed	80 feet to 9.	feet
Contract Con	IPT / II Boowik - V		Natural Development
rop or tap pipe or reduction in casing:			
Logs run (circle all applicable): No log run Ble Name of organization running log(s):	reet. If telesco	ped or more than one screen, d	escribe on back of page
Name of a	y Do	Hally Sonic Manters C.	1
the well was drilled come			·
I certify that the well was drilled, constructed, Department of Environmental Quality and/or t	he Mississium none	lance with all applicable requir	ements of the Mississippi
Department of Environmental Quality and/or t	/ Departm	ent of Health regulations and si	ate laws.
Print Name of Water Well Contractor and License		15 Jugar	
and Alcense	7 140,	Signature of Water	Well Contractor

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Ground Level	•				
1		Description of Formations Encountered	From	To	
				<del></del>	
1 1	- 40 ft=5747, c			<del> </del>	
	/ Level				
951					
00 00			1		
19			<del>- </del> -		
	. 1 13				
8 =	15-( X.013 Seran-				
	Screen				
			+		
Y					
			<del>  </del>		
	}		<del>  -</del>		
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;

Whats Creek Rd

Landowner Name:

Landowner Na

Signature of Water Well Contractor

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## STATE WELL REPORT

Part 2

Permit #:

Driller: 22 per Driller:

Date completed: 7-2/- /0

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

For C	Office Use Only:
Aquifer:	H9
Well #:	
Elevation:	

Date completed:	Jack	601)061 5010	Well #:	
	(601)961-5210 (601)354-6938 (fax)			
This report should be prepared by the pump installer in detail and filed with the Department of pump.  Well Owner Information			Elevation:	
installation of pump.	me pump installer in	detail and filed with the re-		
Well Owner Inform	ation		within 30 days of the	
Owner Name: MM Will	S /	Well Location		
7 0011-	SON	Well I	-ocation	
Mailing Address: (VPran	Creek Roll	Latitude:I	Oneinide.	
77	THE PA	Method of Lattle		
0.00		Method of Lat/Long (circle one):	Conventional Survey,	
City State	3862,7	USGS quad, Hand-he	ild GPS, Survey-grade GPS	
	4ID Code .	4 Sec_2	Twn & S Rng (4)	
Telephone No. (662 801-83	96	Direction	Magrant	
		/ Z Miles _ E of	DXInod	
Pump Type				
Circle one		Power		
Air Lift Jet		Power Circle	Туре	
1	Submersible	Diagol D	•	
Bucket		Diesel Engine Gasoline En	gine Mata Lo	
Centrifugal	Turbine	Rientrio M.	gine Natural Gas	
Rotary	Flowing Well	11010	Tractor PTO	
Other (specify):	r towing Well	Windmill Other (speci		
Date Pump Installed: 7-2/-/0		Horse Power Rating of Motor:	8/ HP	
Rated Pump Capacity: /O G		Setting Depth:		
G. G	allons Per Minute	Number of the second se		
		Number of Stages:	·	
Pump Test Data				
		Method of M.		
Date Well Tested: 7-21-10		Method of Measuring Circle on	Water Level	
Static Water Level (A): () Free Pol		At we	and the same of th	
Pumping Water Level (D)	Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface		ine Steel Tape	
Drawdown (CD)	w Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Peet Beld	ow Land Surface	Har flaming a		
rear rumping Rate:		For flowing well, measured shut in he	ad:feçi	
Duration of Pump Test (minimum 4 hours):hours		GPM with a drawdown of		
indus);	hours	feet after		
			hours of pumping	
I HERERY CERTERY				
I HEREBY CERTIFY that the above statements	are true to the hest of	my knowled		
		my midwicage.	j	
Print Name of Pump Installer and License No. (i	fanoliash	- OS eege	1	
	abhiicanic)	Signature of Pump Installer		
		V		

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