1	State Well Report			
County: LA fayette	Part 1	For Office Use Only:		
	Mississippi Department of Environmental Quality	Aquifer:		
Permit #:	Office of Land and Water Resources	. 00		
	P.O. Box 10631 Jackson, MS 39289-0631	Well #: 1-58		
Date drilling completed: 5/29/07	(601)961-5210	L. S. Elevation:		
	(601)354-6938 (fax)	F. log #		
State Law requires that this repo	ort he prepared by the Australia	E-log #:		
30 days of completion of drilling	ort be prepared by the driller in detail and filed w	ith the Department within		
	lion	Location		
Owner Name Missy Dicke				
Mailing Address: CR 3	76	" Longitude:"		
	e): Conventional Survey,			
extert ms	USGS quad, Hand-held	GPS, Survey-grade GPS		
City State	Zip Code	_Twn_/05 Rng 4W		
Telephone No. (662) 8/6-4/	Distance D:	Nearest Town		
	Well Data	70/0		
Purpose of Well (circle one Home Indus	trial D			
Date well drilling started: \$ /25 /07	trial Public Supply Irrigation Fish Culture	Other:		
If flowing, method of flow more laid	Date well drilling completed:	29/07		
Janes Paryo	Other (describe)			
Stand Water Level:feet above	e or below (circle one) land ourfees	(- 3.		
Steel	tape electric tops			
Hole depth: 200 Well depth:	Well grouted to a depth of			
Type of grout (circle one): Cement E	Bentonite (Mix)	70feet		
Cosing I				
Screen length. 201	iameter:inches Type of casing:	Prc		
feet Screen diameter:				
Screen slot size: 10/0 inches Setting depth: From				
Type of completion (circle all applicable): Gr.	aval t			
-	1 Spen nor	e Natural Development		
Top of lap pipe or reduction in casing:	ther (describe):			
Logo and distance	feet. If telescoped or more than one screen,	describe on back of page		
- Producte). 140 log fun E	lectric Gamma Ray Density Sonic Neutron Other	ar.		
Name of organization running log(s):				
Department of E	, and completed in accordance with all applicable requ	irrements of the Tree		
	the Mississippi Department of Health regulations and	Total laws		
		state laws.		
22 per Dr. 11/2 0079				

Print Name of Water Well Contractor and License No.

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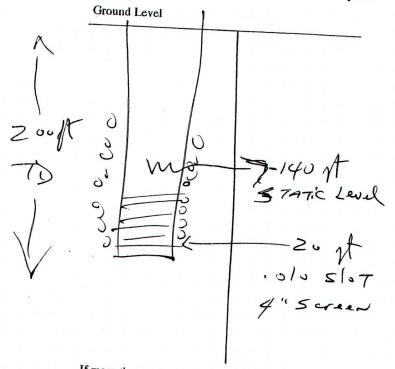
Signature of Water Well Contractor

JUL 0 2 2007

BY: OLWR

If well telescopes please sketch below and show depths.

N-38



Description of Formations Encountered	P	m
The Discountered	From	To
1.D D 1 al		
10 Red CAV	0	3
A		
13 row- SANG	30	11
	100	19
	-	
White Sand	101-	
2014 - 7400	14/0	Z

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

	aid in local 4) indicate		any roads, pow	the well loca er lines, or oth	tion; 2) any permand her items that may a	ent structures on thid in locating the p	e property that may roperty and the well;
		X					
					HOME		2:
_		11					
downer Na	ame:	Missy	Die	Kerso.	J		

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County: _

Permit #:

Date completed:

Driller:

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 (fa

For Office Use Only:				
Aquifer:				
Well #: 1/-	. 38			
levation				

This report should be present to	Elevation:
installation of pump.	detail and filed with the Department within 30 days of the
Well Owner Information	
Owner Name: Mi'ss y Dickerson	Well Location
Mailing Address: CR 376	Latitude:Longitude:
	interned of Lat/Long (circle one): Conventional Survey,
City / State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS 14 Sec 23 Twn/o 5 Rng 9 W
Telephone No. (663 816 - 4141	Distance Direction Nearest Town 15 Miles 5 W of 0 X for 1
D.,,,, m	
Pump Type Circle one	
Air Lift Jet Submersible	Power Type Circle one
Bucket Piston Turbine	Diesel Engine Gasoline Engine Natural Gas
Centrifugal Rotary Flowing Well	Electric Motor Hand Tractor PTO Windmill Other (coasis)
Other (specify):	other (specify):
Date Pump Installed:	Horse Power Rating of Motor:/ HP
Rated Pump Capacity: / / Gallons Per Minute	Setting Depth:fcct
	Number of Stages:
Pump Test Data	
Date Well Tested: 5-30-07	Method of Measuring Water Level Circle one
Static Water Level (A): // Feet 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	Pro Control
Test Pumping Rate:Gallons Per Minute	For flowing well, measured shut in head:feet
Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown of
	feet afterhours of pumping
HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
Print Name of Pump Installer and License No. (if applicable)	ee
2. 2. 2. (II applicable)	Signature of Pump Installer
	DEOCUVED

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JUL 0 2 2007

BY: OLWR