State V	Vell Report			
	Part 1	For Office Use Only:		
LOUNIV: A ~ · · · · · · · · · · · ·	ent of Environmental Quality	Aquifer:		
Permit #: Office of Land	and Water Resources	Well #: A - 142		
I Thelland I I Will LOD FORLAND TOWN I	Box 10631	1		
Jackson,	MS 39289-0631	L. S. Elevation:		
)	1)961-5210 54-6938 (fax)	E-log #:		
James Wells Water Well Serve	a)	2 70		
State Law requires that this report be prepared by the	e driller in detail and filed w	rith the Department within		
30 days of completion of drilling of the well.	·			
Well Owner Information	YYCI	l Location		
Owner Name H C Jady Tughman	Latitude:'	_" Longitude:°'"		
Mailing Address: 134 Opostavio Rd	Method of Lat/Long (circle or	ne): Conventional Survey,		
	- I	I GPS, Survey-grade GPS		
Suntal M5 39482 City State Zip Code	u ms 39482 www 4 sec 11			
Telephone No. (60) 27/ - 7332	Distance Direction Miles 1.W.	Nearest Town		
Telephone No. ((QUI) LII I J J J		.01		
Well	Data			
Purpose of Well (circle one Home Industrial Public Supply				
Date well drilling started: 9-9-04 Date	well drilling completed:			
If flowing, method of flow regulation: Valve Other	(describe)			
Static Water Level:feet above or below (circle one)) land surface Date measured:	9-4-04		
Method of Measurement (circle one) steel tape electric tap		ויותדו		
Hole depth: / SO Well depth: /50	Well grouted to a depth of _			
Type of grout (circle one): Cement Bentonite Min	ĸ	BY: O		
Casing length: 130 feet Casing diameter:	inches Type of casing: _	p VC		
Screen length: 20 feet Screen diameter: U	inches Type of screen: _	PVL		
Screen slot size: OB inches Setting depth: From		150 feet		
Type of completion (circle all applicable): Gravel packed Und	erreamed Telescoped Open	hole Natural Development		
Other (describe):				
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 Electric Gamma Ra	y 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.				
JAMES WELLS OF				
Print Name of Water Well Contractor and License No.	Signature o	of Water Well Contractor		

Ground Level	Description of Formations Encountered	From	To
	7070 Sail	10	/_
	Clery	1/	12
	Sand	15	40
	Clay	40	80
	201	180	120
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ketch the property layout and include the following: 1) the well locating the well; 3) any roads, power lines, or 4) indicate direction.	other items that may aid in locating the property and	the well;	
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11010 75/1			
Landowner Name: H Chady Tulghn	70n		

Signature of Water Well Contractor

STATE WELL REPORT

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 #: <u>A-142</u> Elevation:		

hours of pumping

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 Location Well Owner Information** Latitude: Longitude:___ Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 14 / 14 Sec / Twn / 6 N Rng 5 Direction Distance Miles nw of Sumsell Telephone No. (60h - 2/71 + 7332 **Power Type** Pump Type Circle one Circle one Gasoline Engine **Natural Gas** Submersible **Diesel Engine** Air Lift Jet Tractor PTO Electric Motor Hand Turbine Piston Bucket Windmill Other (specify): _ Rotary Flowing Well Centrifugal Horse Power Rating of Motor: _ Other (specify): _ Date Pump Installed: 9-9-04 Setting Depth: _ Gallons Per Minute Rated Pump Capacity: _____ Number of Stages: _ Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: Steel Tanc Electric Measuring Line Air Line 65 Static Water Level (A): **Feet Below Land Surface** Other (specify): __ Pumping Water Level (B): 80 Feet Below Land Surface 65 For flowing well, measured shut in head: _____feet **Feet Below Land Surface** Drawdown [(B) - (A)]: ____ GPM with a drawdown of Gallons Per Minute Well yielded Test Pumping Rate:

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
TAMES WELLS OSE6	() ames Wells	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Duration of Pump Test (minimum 4 hours): _____