County:
Permit #:
Driller: JAMES WELLS
Date drilling completed: /-3/-08

State Well Report

Part 1

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:		
L. S. Elevation:		
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	Well Location			
Owner Name Bonnie Aultman	Latitude:°" Longitude:°"			
Mailing Address: 642 J. D. Brame Rd.	Method of Lat/Long (circle one): Conventional Survey,			
- I	USGS quad, Hand-held GPS, Survey-grade GPS			
Sumrall ms 39482 City State Zip Code	4 Sec_ 324 Twn Uh Rng 16W			
City State Zip Code	_			
Telephone No. (601) 261-2176	Distance Direction Nearest Town Miles Summer 2			
Well I				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 1-31-08 Date well drilling completed: 1-31-08				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:				
steel tane electric tane air line other:				
Hole depth: Well depth: Well grouted to a depth of feet				
Type of grout (circle one): (Cement) Bentonite Mix				
Casing length: 40 feet Casing diameter: 40 inches Type of casing: 600				
Screen length: 70 feet Screen diameter: 4 inches Type of screen: 70 feet				
Screen slot size: 4008 inches Setting depth: From 40 feet to 60 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 telescoped or more than one screen, describe on back of page				
Toh at 1th hile at reasoners in annual.	Density Sonic Neutron Other:			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
I certify that the well was drilled, constructed, and completed in accordance with an apparature requirement of				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
JAMES WELLS 0-586	James Wells			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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BY: OLWR

d Tamal	Description of Formation	s Encountered	From	<u>To</u>
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Signature of Water Well Contractor

If well telescopes phose sketch below and show depths.

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STATE WELL REPORT

County: LAMAR Pump Installer's Completion Report Mississippi Department of Bavironmental Quality Office of Land and Water Resources Permit #: ____ P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 1-3/-08 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #:	139	

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	Well Location		
Owner Name: Bonnie aultman	Latitude:Longitude:		
Mailing Address: 642 J. D. Brane Rd.	Method of Lat/Long (circle one): Conventional Survey,		
O	USGS quad, Hand-held GPS, Survey-grade GPS		
Sunrall MS 39482 City State Zip Code	14 Sec 3 4 Twn 41 Rng / 6W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (60), 261-2176	12 Miles San of Sunall		
Punap Type	Power Type Circle one		
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:		
Date Pump Installed: /-7/-08	Setting Depth: 6 feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages: 14		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 1-31-03			
Static Water Level (A): 45 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
1	Other (specify):		
Pumping Water Level (B):Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surface	Por flowing well, measured shut in head:feet		
Test Pumping Rate:	Well yielded		
Duration of Pump Test (minimum 4 hours):hours	hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.		
JAMES WELLS 0-586	1 Cimes Wells		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		

Signature of Pump Installer PECEIVED

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