·	AHrence
County:	· · · · · · · · · · · · · · · · · · ·
Permit #: _	
Driller:	ems Wells
Date drilling completed:	

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: Well #: E-37	ŀ
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 Serald Hall	Latitude:°" Longitude:°"
Mailing Address: 1/337 Starley Rubin	Method of Lat/Long (circle one): Conventional Survey,
Poton Roye Lb 70816	USGS quad, Hand-held GPS, Survey-grade GPS
2	14 K 14 Sec 10 Twn Rng
City State Zip Code Telephone No. (60) 792 47 65	Distance Direction Nearest Town 3 Miles South of New Hebrury Ms
2252933727 Well I	Pata
\sim	T. S. day 1774 Outron Orland
Purpose of Well (circle one) Home Industrial Public Supply	
Date well drilling started: 11-10-04 Date w	vell drilling completed: 11-10-04
If flowing, method of flow regulation: Valve Other (de	escribe)
Static Water Level: 40 feet above or below (circle one) l	and surface Date measured: 11-10-04
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: & O Well depth: & O	Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonite Mix	
Casing length:	_inches Type of casing:
Screen length: 20 feet Screen diameter: 4	_inches Type of screen:f \(\begin{align*} \chi \chi \chi \chi \chi \chi \chi \chi
Screen slot size: OOR inches Setting depth: From	GO feet to BO feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Blectric Gamma Ray	Density Sonic Neutron Other:
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in a	ccordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Dep	artment of Health regulations and state laws.
JAMES WELLS O	S86 James Wells
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

han one screen, show location of each on sketch operty 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. Hy 43 Well Well Well	Fround Level	E- 37	Description of Formations Encountered	From	То
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H143	aid in locatin	g the well; 3) any roads, power lines,	l location; 2) any permanent structures on the property the or other items that may aid in locating the property and the prop	at may he well;	
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Well					
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Signature of Water Well Contractor

DEC 0 6 2004
BY: OLWR

STATE WELL REPORT

Part 2

County: _ Permit #:_ Date completed: ___

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 #: E - 37
Elevation:

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: Derail Hall	Latitude:Longitude:
Mailing Address: 11337 5 tentos Rubiners	Method of Lat/Long (circle one): Conventional Survey,
Baten Rouge L. D. 70816	USGS quad, Hand-held GPS Survey-grade GPS
	14 14 Sec 10 Twn Rng & 810
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	3 Miles 1 of New Helon ms

Pump Type Circle one		Power Type 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	g of Motor:	
Date Pump Installed: _	1)-/()-04	Setting Depth:	60	feet
Rated Pump Capacity:		5 Gallons Per Minute	Number of Stages:	10	

Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tape Other (specify):	
Drawdown [(B) – (A)]: Peet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: 15 Gallons Per Minute ~	Well yielded/ S GPM with a drawdown of	
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 5-86	James Wills	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	