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Domis #	Well Driller Report and Well Log 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:
State Law requires that this report be 30 days of completion of drilling of th		driller in detail and filed wit	h the Department within
Well Owner Information Owner Name Joy A Moss # Mailing Address: 265/ Piggtown	. 1	Latitude: <u>32 ° 38.476</u> GE Method of Lat/Long (circle of	Il Location Wo St 26. 576 " Longitude:" one): Conventional Survey, 53 TPS, Survey-grade GPS
Carthage MS City State Telephone No. (601) 651 - 3101	<u>3905</u> Zip Code		
·	Well	Data	
Purpose of Well (circle one) Home Industri Date well drilling started: <u>g-12-03</u> If flowing, method of flow regulation: Valve _ Static Water Level:feet above	5 Da	r (describe)	8-17-05
Method of Measurement (circle one) steel t Hole depth: $\underline{-2.45}$ Well depth:	2.45	ape entrime other: Well grouted to a depth	12
Casing length: <u>20</u> feet Casing di Screen length: <u>20</u> feet Screen d	iameter: <u>4</u> iameter: <u>4</u>	inches Type of casir inches Type of scree	
Screen slot size: <u></u>		n <u>ZZS</u> feet to	

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 Ray 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.

Signature of Water Well Contractor

Other (describe):

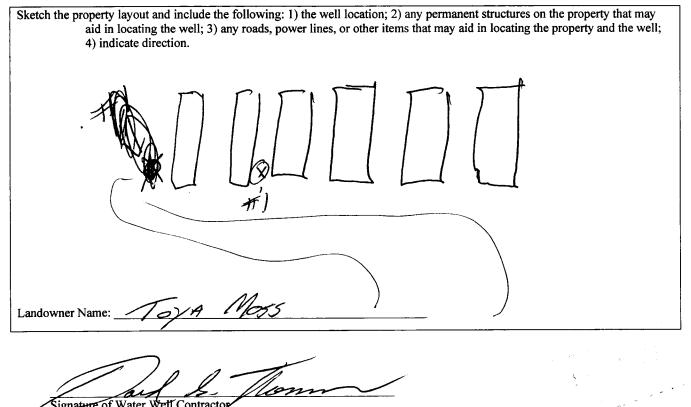
Print Name of Water Well Contractor and License No.

If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From	То
	Mixed Dirt	0	14
	White SAND	14	20
	Bray Clay	20	105
	Rock & ClAY	105	r
	Fine SAND & CLAY	140	180
	Med. Gray Sand	180	245
	MICH, OTAZ SANA	100	275
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If more than one screen, show location of each on sketch

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Signature of Water Well Contractor

		ELL REPORT			
County: Leake		Part 2 S Completion Report	For Office Us	e Only:	
Permit #:			Aquifer:	, [
Deiller Themas Dulling		nt of Environmental Quality and Water Resources	Well #: 45	4	
Driller: The MAS Drilling Date completed: 8-18-05		Box 10631 Elevation:			
Date completed: 8-78-55		AS 39289-0631			
)961-5210 (4-6938 (fax)			
This report must be prepar	ed by the pump installer in	detail and filed with the De	partment within 30	days of the	
installation of pump. A cop	y of Part 1 of this report m	ust be attached to this repor	t		
Well Owner Info		Well Location			
Owner Name: ToyA Mailing Address: 2651 P.	55 H	Latitude <u>N 32 38,414</u> Longitude: <u>WO 89 36,819</u>			
Mailing Address: <u>2651 Pi</u>	agtown Rd	Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand-held OPS, Survey-grade GPS			
Carthage M5 39051 City State Zip Code		$\frac{1}{4} \frac{1}{4} \operatorname{Sec} \frac{7}{7} \operatorname{Twn} \frac{9N}{2N} \operatorname{Rng} \frac{7E}{2}$			
	City / State Zip Code		Distance Direction Nearest Town		
Telephone No. ()		Miles South	of Prantown		
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Dumn Tru		D-	T		
Pump Type Circle one		Power Type Circle one			
Air Lift Jet	Submersite	Diesel Engine Gaso	line Engine	Natural Gas	
Bucket Piston	Turbine	Electric Mator Han	d	Tractor PTO	
Centrifugal . Rotary	Flowing Well		er (specify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: <u>8-18-</u>		Setting Depth: 160	fe	et	
Rated Pump Capacity: _/ 7	Gallons Per Minute	Number of Stages: _//			
Pump Test I)ata	Method of Me	esuring Water I evel		
Date Well Tested:		Method of Measuring Water Level Circle one			
		Air Line Electric M	easuring Line	Steel Tape	
Static Water Level (A): // O Feet Below Land Surface		Other (specify):			
Pumping Water Level (B): <u>30</u>	_Feet Below Land Surface				
Drawdown [(B) – (A)]: 20	_Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: 25	Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4	nours):hours	feet after	hour	s of pumping	
I HEREBY CERTIFY that the above	statements are true to the be	st of my knowledge.			
QUIT	412	//////			
Print Name of Pump Installer and Lic	$\sim MAS O-17$	Signature of Pump Insta	lienn		
The rune of Funp instance and ER	ense ivo. (ii applicable)	Signature of Fullip IIISt			
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