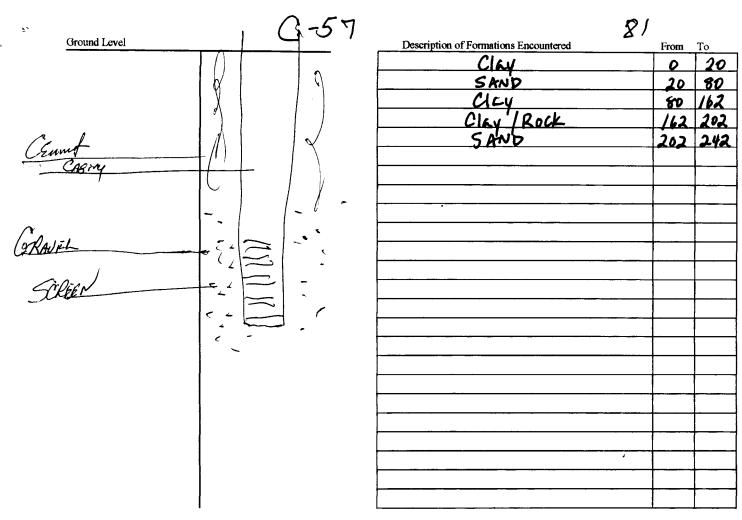
County:
Permit #:
Driller: PARKS+PAKKS WELL SERVILE
Date drilling completed: _/-/0-05

Well Driller Report and Well Log

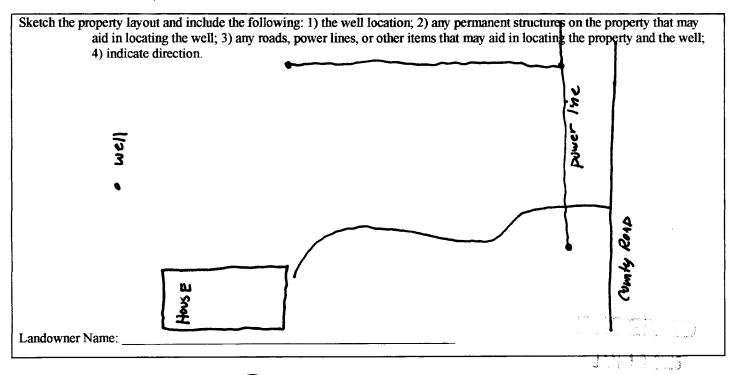
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	_
Well #: 1 - 57	_
L. S. Elevation:	_
E-log #:	

Well Owner Information Owner Name Devid Swan Mailing Address: Distance Telephone No. (
Mailing Address: 10. 233 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS USGS quad, Hand-held GPS, Survey-grade GPS 14 14 Sec 8 Twn 75 Rng 75 Telephone No. () Miles 555 of Baldwys Well Data				
USGS quad, Hand-held GPS, Survey-grade GPS City State Zip Code Telephone No. () Well Data USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code 1/4 1/4 Sec 8 Twn 7.5 Rng 7 E				
Telephone No. () Well Data City State Zip Code Distance Direction Nearest Town Mearest Town				
Telephone No. () Well Data City State Zip Code Distance Direction Nearest Town Mearest Town				
Well Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 1-6-05 Date well drilling completed: 1-10-05				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 242 ft Well depth: 242 ft Well grouted to a depth of 25 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 212 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size:inches Setting depth: From 212 feet to 242 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				
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.				
Entri official Quality alrayof the trassassiple Department of Health regulations and state laws.				
Parliant tooks and				
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor				



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



Signature of Water Well Contractor

County: Lee
Permit #:
Driller:
Date completed:

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

31	
For Office Use Only:	
Aquifer:	
Well #: <u>C - 5 /</u>	
Elevation:	

• /	961-5210	
	4-6938 (fax) detail and filed with the Department within 30 days of the	
installation of pump. A copy of Part 1 of this report m		
Well Owner Information	Well Location	
Owner Name: Pavid Swain	Latitude:Longitude:	
Mailing Address: P.O. Box 833	Method of Lat/Long (circle one): Conventional Survey,	
SALTILLO, MS 38866	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		
Telephone No. (661) 87/-5167	2 Miles SE of Bankdwyn	
D		
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 of Motor: 3/4 HP	
Date Pump Installed:	Setting Depth: 126 feet	
Rated Pump Capacity:	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	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	For flowing well, measured shut in head:feet	
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best	st of my knowledge	
Koupun tooks Our	Tanken Jack	

I HEREBY CERTIFY that the above statements are true to the b	pest of my knowledge.	
KAYDURN TARKS D-414	Kankunkah	
Print Name of Pump Installer and License No. (if applicable)	Signature of rump Installer	