, Δ,	*	
Lestore		
State V	Vell Report	For Office Use Only:
	Part 1	
Permit #: Mississippi Departmer	Mississippi Department of Environmental Quality	
Office of Land	Office of Land and Water Resources	
Dinier.	Box 10631 4S 39289-0631	Well #:
	961-5210	L. S. Elevation:
\\```	4-6938 (fax)	E-log #:
State I are a second		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within
Well Owner Information	Well	Location
Owner Name Bill BAggeTT		" Longitude:°"
Mailing Address: 902 Hy. 7 NOLTH	Method of Lat/Long (circle on	
		GPS, Survey-grade GPS
Grand, Ms. 3890/ City State Zip Code		3 Twn 1911 Rng 1 =
Telephone No. (662) 226. 0730	Distance Direction	Nearest Town
Telephone No. (402)	Miles	of
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Cultura	Other:
Date well drilling started: 1-19-06 Date	well drilling completed: /-	2406
If flowing, method of flow regulation: Valve Other (d	escribe)	
Static Water Level:feet above of below (circle one) l	and surface Date measured:_	1-24-06
	air line other:	
Hole depth: 280 Well depth: 280	Well grouted to a depth of	feet
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 260 feet Casing diameter: 4	inches Type of casing:	Puc
Screen length: 20 feet Screen diameter: 4	inches Type of screen:	Puc
Screen slot size: 10/0 inches Setting depth: From 260 feet to 280 feet		
Type of completion (circle all applicable): Gravel packed Under	eamed Telescoped Open I	nole Natural Development
	•	
Top of lap pipe or reduction in casing:feet. If tel	escoped or more than one scre	en, 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 ac		
Department of Environmental Quality and/or the Mississippi Department	artment of Health regulations a	and state laws.
<i>A</i> ,	4	0 00
65 Drilling 0.554	Colu	Sull
Print Name of Water Well Contractor and License No.		Water Well Contractor

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Ground Level			
			
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TOP SOIL LCAN 0 14 81 SAND L FRANCI 14 81 SAND L FRANCI 194 155 Shall LROCKS 155 208 Shall LSAND 208 232 Exect SAND 232 280	Description of Formations Encountered	From	To
SAND JEANNEL 8/96 Shall brocks 155 208 Shall brocks 208 Shall brocks 208 Shall brocks 208 208 232 Ereer SAND 232 280		0	14
Shall brocks 155- 208 Shall brocks 155- 208 Shall brown 208 232 Eleer 5 And 232 280	SAND 6 FRANCI	14	81
Shale 1 50ml 20x 232 280		8/	96
Shale 1 50ml 20x 232 280	Shale	96	155
Qtest 5 Aut 232 280	Shall brocks	153-	208
		208	232
	Green 5 Aust	233	280
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If more than one screen, show location of each on sketch

Sketch the property 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.

Blue Room	MILIN DE LOFTON LOFTON LIN
	•

Landowner Name:

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County: CHANOII

Permit #:

Driller: C b S D hilling

Date completed: 1-24-06

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #: _	Li	296
Elevation	ı:	

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 BAGGETT Latitude:_____Longitude:_____ Owner Name: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Grenda MS 3890/ City State Zip Code 1/4 1/4 Sec 33 Twn 719 NRng / = Distance Direction Nearest Town 4 Miles AFE of Freezeward Telephone No. (____)___ Pump Type Power Type Circle one Circle one Air Lift Jet Submersible) Diesel Engine Gasoline Engine Natural Gas Bucket Electric Motor Tractor PTO Piston Turbine Hand Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): ___ Horse Power Rating of Motor: 1-24-06 Date Pump Installed: Setting Depth: ______feet 20 Gallons Per Minute Rated Pump Capacity: ____ Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: /- 24 - 0/ Air Line Electric Measuring Line Steel Tape Static Water Level (A): ______ Feet Below Land Surface Other (specify): ____ Pumping Water Level (B): 24 Feet Below Land Surface Drawdown [(B) – (A)]: 23 Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: 3/ Gallons Per Minute Well yielded GPM with a drawdown of 23 _feet after _ hours of pumping Duration of Pump Test (minimum 4 hours):

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

L b S D hilling 0-53-4

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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