•	State Well Report	
County: Lincoln	Part 1	For Office Use Only:
•	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: K-62
Driller: Brian McClendon	P.O. Box 10631 Jackson, MS 39289-0631	
Date drilling completed: 9/2/04	(601)961-5210	L. S. Elevation:
san anna compress.	(601)354-6938 (fax)	B-log #:
State Law requires that this repo 30 days of completion of drilling	ort be prepared by the driller in detail and filed of the well.	with the Department within
Well Owner Informa		eil Location
Owner Name Brad arnol	C Latitude: 31 • 27.9	E" Longitude: <u>90.37.76</u>
Mailing Address: 2593 R		one): Conventional Survey, +6
•		eld GPS, Survey-grade GPS
McCallCrear, City Sta	Ms. 39647 Nula A/44 Sec_	29 Twn <u>6N</u> Rng 6E
Telephone No. (601) 734 - 27	Distance Direction	Nearest Town of Mcall Creen
	Well Data	· · · · · · · · · · · · · · · · · · ·
Purpose of Well (circle one) Home Ind	ustrial Public Supply Irrigation Fish Culture	Other:
Date well drilling started:	04 Date well drilling completed:	12/04
If flowing, method of flow regulation: Val	lve Other (describe)	·····
Static Water Level: 49 feet at	pove or below (circle one) land surface Date measure	d: <u>9/2/04</u>
Method of Measurement (circle one) st	teel tape electric tape air line other:	
Hole depth: 73 Well de	pth: <u>69</u> Well grouted to a depth of	ffcct
Type of grout (circle one): Cement	Bentonite Mix	
Casing length: <u>59</u> feet Casin	ng diameter: inches Type of casing	PVC
Screen length:feet Scree	en diameter: inches Type of screen:	PVK
Screen slot size:OOinches	Setting depth: From <u>59</u> feet to	<u>69</u> feet
Type of completion (circle all applicable):	Unavel packed Underreamed Telescoped Op	en hole Natural Development
·		•
	Other (describe):	
Top of lap pipe or reduction in casing:		
Top of lap pipe or reduction in casing:		t
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log run Name of organization running log(s):	feet. If telescoped or more than one a D-Electric Gamma Ray Density Sonic Neutron	• • • Other:
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log run Name of organization running log(s):	feet. If telescoped or more than one a	• * Other:
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log run Name of organization running log(s): I certify that the well was drilled, constru- Department of Environmental Quality at	feet. If telescoped or more than one a B-Electric Gamma Ray Density Sonic Neutron ucted, and completed in accordance with all applicab nd/or the Mississippi Department of Health regulation	Other:
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log ru Name of organization running log(s): I certify that the well was drilled, constr	feet. If telescoped or more than one a B-Electric Gamma Ray Density Sonic Neutron ucted, and completed in accordance with all applicab nd/or the Mississippi Department of Health regulation	Other:
Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log run Name of organization running log(s): I certify that the well was drilled, constr Department of Environmental Quality at	feet. If telescoped or more than one a B-Electric Gamma Ray Density Sonic Neutron ucted, and completed in accordance with all applicab nd/or the Mississippi Department of Health regulation	Other:

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. road Birt Work Xwell Landowner Name:

Brian Mª Clendon

Signature of Water Well Contractor

STATE WELL REPORT				
County: Lincoln	Part 2		For Office Use Only:	
Permit #:	Pump Installer's Completion Report Mississippi Department of Environmental Quality		Aquifer:	
Driller: Brian Millendon	Office of Land and Water Resources P.O. Box 10631			
Date completed:7/04	Jackson, MS 39289-0631		Well #: <u>K-62</u>	
Date completed:	(601)961-5210 (601)354-6938 (fax)		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: Brad Arnold	ner Name: Brad Arnold		Latitude: 31°27.918 Longitude: 90'37.767	
Mailing Address: 2593 Ramah Trl. SW		Method of Lat/Long (circle one): Conventional Survey,		
	USGS qu		had Hand-held GPS Survey-grade GPS	
MicallCreek M5 39647 City State Zip Code		NW 14 NW 14 Sec 29 Twn 6N Rng 6E		
City State Zip Code		Distance Direction Nearest Town		
Telephone No. (601) 734-2724		<u>5</u> Miles <u>SE</u> of <u>McCallCreck</u>		
Pump Type		Por	wer Type	
Circle one		Circle one		
Air Lift Jet o	Submersible	Diesel Engine Gasolin	e 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: 9/17/04		Setting Depth: <u>65</u> feet		
Rated Pump Capacity: 1	Gallons Per Minute	Number of Stages:9		
Pump Test Data		Method of Measuring Water Level		
Date Well Tested: 9/17/04			rcle one	
Static Water Level (A):Feet Below Land Surface		Air Line Electric Meas	suring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface		Other (specify):		
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured she	ut in head:feet	
Test Pumping Rate: 3 Gallons Per Minute ~		Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	<u> </u>	5feet after	Hhours of pumping	
	······································	······		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Brian McClendon 664 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				