State W	ell Report _–		
County: Lincoln Part 1 - D	riller's Log	For Office Use Only:	
Mississippi Departmen	of Environmental Quality	Aquifer:	
	nd Water Resources	Well #: 177	
	ox 10631		
Jackson, W	S 39289-0631 961-5210	L. S. Elevation:	
	1-6938 (fax)	E-tog #:	
	-	1 1 1 1 2 1 2 2 1 4 1 -	
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp	ense holder responsible for the Lation of drilling of the well i	he work ana juea wiin ine or borehole.	
Information on Well Owner	Well or Bor	rehole Location	
(Landowner if borehole is not for a water well)	21 10.14	" Longitude: 90° 35. 36 "	
Owner Name Andrew Redd	Latitude: 31 ° 010 '01	Longitude: 10 50	
Mailing Address. 1287 West Lincoln De.	Method of Lat/Long (circle on	e): Conventional Survey,	
Mailing Address: 1807 Wish [Median Ca.		GPS, Survey-grade GPS	
BROOKHAVIA NS 39601	SE 1/1 W 1/4 Sec 26	Twn 6 N Rng 6 E	
City State Zip Code	Distance Direction Miles 56	Nearest Town Aven	
Telephone No. ()			
Well / Bore	hole Data	-1 11	
Date drilling started: 4-13 Date drilling completed: 4-1	3 Hole depth: 240	Hole diameter: 7 1/8	
	eek .		
Location of the source of any surface water used for drilling: Cr Method of dosing and volume of Chlorine used in drilling and deve	lopment: 19A1 FO	every 3000 gA/	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Some Neuron		
Purpose of borehole (check one): Water Well Geotechnical/Geo		1	
Seismic Survey Other (describ	e) on, skip the remainder of this bl	ock	
Purpose of Well (check one): Home Industrial Public Suppl			
It a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: //O' feet above or below (circle one)			
Method of Measurement (circle one) teel tape electric tap			
Well depth: 220 Well grouted to a depth of 10feet Typ	e of grout (circle one): Neat Cer	nent Bentonite Mix	
Casing length: 200 feet Casing diameter. 4	inches Type of casing:		
Screen length: 20 feet Screen diameter: 7	inches Type of screen:	1	
Screen slot size: 0/0 inches Setting depth: From		20 feet	
type of completion (circle all applicable): Gravel packed Und	erreamed Telescoped Ope	n hole Natural Development	
Other (describe):			
top of lap pipe or reduction in casing: feet. If	telescoped or more than one scr	reen, describe on next page	

Form: OLWR-SWR-1A

RECEIVED MAY 0 1 2006

BY: OLWF

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Sand 50 200 220 240 Clay 220 240 Clay 220 240	Singly 200 200 Singly 200 200 Clay 200 200 Clay 220 240 Clay 220 Clay 240 Clay 220 Clay 240 Clay 220 Clay 220	if more than one screen, show location of each on 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 reads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow. 4) a north arrow. Form: OLWR-SWR-significant the well/borchole was drilled, constructed, and completed in accordance with all applicable requirements of the issippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state the well/borchole was drilled, constructed, and completed in accordance with all applicable requirements of the issippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state the state of th	Ground Level	Description of Formations Encountered	From (depui)	10 (depui)
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

STATE WELL REPORT

County: Lincoln Permit #: Driller: Lacey Sasley Date completed: 4-13-06

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

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

For Office Use Only:
Aquifer:
Well #: K-77
Elevation:

(601)3	1)961-5210 54-6938 (fax) Elevation:
Copy information from block on Puri I	
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: Andrew Redd	Latitude:Longitude:
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	
Telephone No. ()	Miles of
	Power Type
Pump Type Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: 4-14-06	Setting Depth: 160 feet
Rated Pump Capacity: /2 Gallons Per Minute	Number of Stages: 12
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 4-14-06	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): //O Feet Below Land Surface	Other (specify):
Pumping Water Level (B): 120 Feet Below Land Surface	Outer (specify).
Drawdown [(B) ·· (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: 12 Gallons Per Minute	Well yielded 12 GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	feet after / hours of pumping

HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-1B	`
	ILULIVEL	J

MAY 0 1 2006

BY: OLWR