	State Well Report	
	-	For Office Use Only:
County: LOWN DEE	Part 1	For Onice Ose Omy.
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	
Driller: Rossi Drilling	P.O. Box 10631	Well #: <u>C 744</u>
1	Iackson MS 397X9-0631	L. S. Elevation:
Date drilling completed: 8-25-06	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

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State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name James Taylor	Latitude:°' Longitude:' "
Mailing Address: P.C., Box 7934	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
C <u>elum Rus</u> <u>Mrs</u> <u>39705</u> City State Zip Code	<u>5 14 E 14 Sec 13 Twn 17 S Rng 19 W</u>
	Distance Direction Nearest Town
Telephone No. ((42) 574 - 4298	Miles of
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: $\frac{8}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ Date	well drilling completed: 5-25-04
If flowing, method of flow regulation: Valve Other (•
Static Water Level: <u>4.7</u> feet above or below (circle one)	
Method of Measurement (circle one) (steel tape electric tape	
Hole depth: <u>197</u> Well depth: <u>19?</u>	Well grouted to a depth of feet
Type of grout (circle one): Cement Bentonite Mix	_
Casing length: $\frac{1}{77}$ feet Casing diameter: $\frac{4''}{}$	inches Type of casing:
Screen length: <u>20</u> feet Screen diameter: <u>4</u> ''	inchesType of screen: \underline{PVC}
Screen slot size: (0.1%) inches Setting depth: From .	Cicturen feet to 20 feet
Type of completion (circle all applicable): Gravel packed Unde	crreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray	y Density Sonic Neutron Other:
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in	
Department of Environmental Quality and/or the Mississippi De	partment of Health regulations and state laws.
Monas Thomas Bossi - 0-50 9	Tomas KarBECEIVI
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

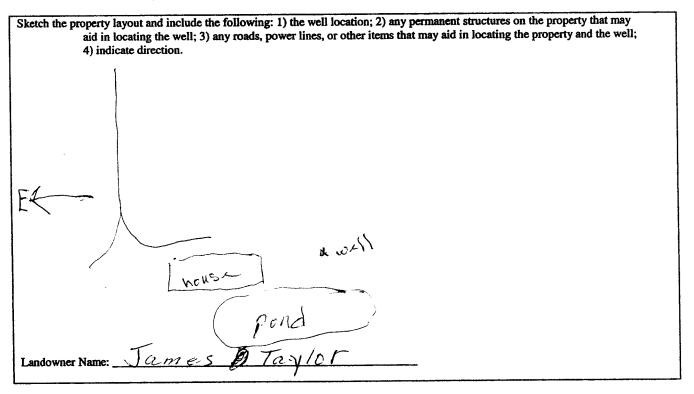
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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
()ay	0	37
Sandy Clay	37	93
Gradel	93	118
blue Cay	118	140
m'yet with Clay	140	lin
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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	_	ELL REPORT	
County: LOWN de. 5	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources		For Office Use Only Aquifer:
Permit #:			
Driller: RUSSI DEILIAS	P.O.	Box 10631	Well #:
Date completed: 8-25-66	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Elevation:
This report should be prepared by the]		nt within 30 days of the
installation of pump. Well Owner Informa	tion		Il Location
Owner Name: James Tay		Latitude:	
Mailing Address: P.C., 7934		Method of Lat/Long (circle o	ne): Conventional Survey,
		USGS quad, Han	d-held GPS, Survey-grade
Columnus M	= 39405	<u>5 14 E 14 Sec 13 Twn 175 Rng 19</u>	
City State	Zip Code	Distance Direction	
Telephone No. (<u>662) 574 - 42</u>	98	Miles of	
		<u> </u>	
Pump Type Circle one			ower Type Circle one
Air Lift Jet	Submersible		ine Engine Natur
Bucket Piston	Turbine	Electric Motor Hand	-
Centrifugal Rotary	Flowing Well		· (specify):
Other (specify):	·	Horse Power Rating of Moto	
Date Pump Installed: $(3 - 2)^{-2}$		Setting Depth: 180	
_			<u>, 1</u>
Rated Pump Capacity: <u>20</u>	_Gallons Per Minute	Number of Stages:	
Pump Test Data	l		easuring Water Level
Date Well Tested:	· · · · · · · · · · · ·		asuring Line Steel T
Static Water Level (A):Fee	et Below Land Surface		•
Pumping Water Level (B):Fee	t Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Fee		For flowing well, measured :	shut in head:
Test Pumping Rate: 15		Well yielded <u>5-1</u>	•
Duration of Pump Test (minimum 4 hours	-	feet after	
Denauon or r mup rest (minimum 4 nours			
			· · · · · · · · · · · · · · · · · · ·
I HEREBY CERTIFY that the above state			1
thomas Mossi 0-	509	J. Jonco-S	Kessi

JUN 2 9 2007 BV: OLWR

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