County: Lowndes		
Permit #:		
Driller: David Brown		
Date drilli	ng completed:	8/18/04

State Well Report

Part 1

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:	
L. S. Elevation:	
E-log #:	

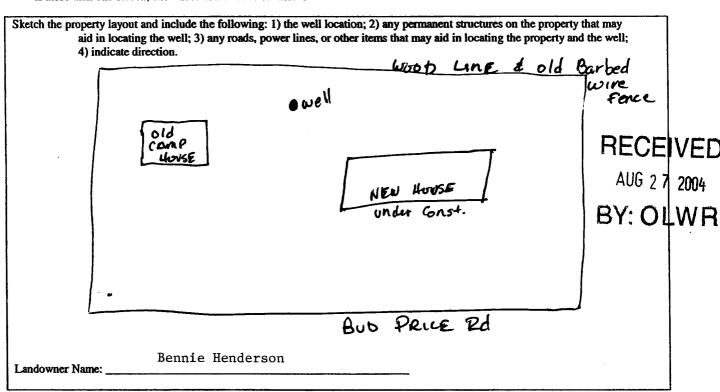
30 days of completion of drilling of the well.	druer in detail and filed with the Department within				
Well Owner Information	Well Location				
Owner Name Bennie Henderson	Latitude: '" Longitude: ' "				
Mailing Address: 454 Bud Price Rd.	Method of Lat/Long (circle one): Conventional Survey,				
Columbus; MS 39702	USGS quad, Hand-held GPS, Survey-grade GPS				
	NW 14 14 Sec 23 Twn 19S Rng 18W				
City State Zip Code					
Telephone No. (662). 329-2088	Distance Direction Nearest Town RECEIVE				
W. N.	All 2 2 may				
Well D	bata				
Purpose of Well (circle one Home Industrial Public Supply	Irrigation Fish Culture Other: BY: OLWF				
Date well drilling started: 8/18/04 Date w	vell drilling completed:8/18/04				
If flowing, method of flow regulation: Valve Other (de	escribe)				
Static Water Level:17.5feet above or below (circle one) le	and surface Date measured: 8/18/04				
Method of Measurement (circle one) steel tape electric tape	air line other:				
Hole depth: Well depth: 260	Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 133 feet Casing diameter: 4					
Screen length: n/a feet Screen diameter:	inches Type of screen:				
Screen slot size:inches Setting depth: From	feet tofeet				
Type of completion (circle all applicable): Gravel packed Underro	eamed Telescoped Open hole Natural Development				
Top of lap pipe or reduction in casing:feet. If tel					
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron Other:				
Name of organization running log(s):	<u> </u>				
I certify that the well was drilled, constructed, and completed in ac	cordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
David C. Brown Mid-South Drilling Company, Inc. 654	David C. Brown				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

If well telescopes please sketch below and show depths.

Ground Level	L-59
•	

Description of Formations Encountered		To
sand	0	2
clay	2	11
sand & gravel	11	27
clay	27	40
sanđ	40	71
clay	71	85
clay w/sand streaks	85	106
sand w/clay streaks	106	119
sand	119	125
clay w/sand streaks	125	129
clay	129	133
sand	133	180
sand w/clay streaks clay w/ sand streaks	180	186
clay w/ sand streaks	186	210
sand w/clay streaks	210	251
clay	251-	260
rock at 48, 75, 85, 105, 106,		
119, 251		
	1	
	† · · · ·	

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



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Lowndes **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210

For Office Use Only:	
Aquifer:	
1-69	
Well #:	
Elevation:	

Date completed: 8 (601)354-6938 (fax) 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 ___ Longitude:_ Method of Lat/Long (circle one): Conventional Survey, USGS quad Hand-held GPS, Survey-grade GPS 3 Twn 195 Rng 18W Nearest Town Direction Distance of Columbus Telephone No. (12) 329-2088 **Power Type** Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Tractor PTO Hand Electric Moto Turbine Piston Bucket Other (specify): _ Windmill Flowing Well Rotary Centrifugal SEP 20 Horse Power Rating of Motor: Other (specify): _ Setting Depth: __ Date Pump Installed: ___ Number of Stages: _____ Gallons Per Minute Rated Pump Capacity: ____ Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: _ Steel Tape Electric Measuring Line Air Line Static Water Level (A): _____Feet Below Land Surface Other (specify): _ Pumping Water Level (B): ___Feet Below Land Surface For flowing well, measured shut in head: _____feet Feet Below Land Surface Drawdown [(B) - (A)]: 1 Well yielded _____GPM with a drawdown of Test Pumping Rate: _____Gallons Per Minute _____feet after _____hours of pumping Duration of Pump Test (minimum 4 hours): _____hours

1 2 30 3 C M	Joseph Johnse
Print Name of Pump Installer and License No. (if applicable)	Signature of Pupp Installer
Time Name of Lump matthes and Exercise 1.00 (2017)	