Permit #: Participation CO Permit #: Permit #: Mississippi Department Permit #: Office of Land ar P.O. Bi Jackson, M. Date drilling completed: / 0-7-05- (601)554	ell Report art 1 of Environmental Quality and Water Resources ox 10631 S 39289-0631 961-5210 I-6938 (fax)	For Office Use Only: Aquifer: Well #: L. S. Elevation: E-log #: with the Department within
State Law requires that this report be prepared by the 30 days of completion of drilling of the well. Well Owner Information	We	I Location
Dans Grafton	Latitude: 32 . 36 . 45 " Longitude: 90 . 11 . 04"	
Owner Name_ <u>Darb</u> Mailing Address: <u>5687</u> Stokes Rd	Method of Lat/Long (circle of	one): Conventional Survey,
Maimg Address.	USGS quad, Hand-hel	d GPS. Survey-grade GPS
Canton, MS State Zip Code	SE 14 NW 14 Sec 20	2 Twn 9N Rng 1E
City State Zip Code Telephone No. (60) 603-6398		of <u>Canton</u> , MS
Well	Data	میں انٹرائی ہور کا کرنے کی پر <u>ایک کو ایک کو کو کو کو کو اور اور اور اور اور ایک کو کو اور اور اور اور اور اور ا</u>
Purpose of Well (circle one) \underline{Flome} Industrial Public Supply Date well drilling started: $\underline{10-7-05}$ Date If flowing, method of flow regulation: Valve Other (Static Water Level: $\underline{108}$ feet above or below (circle one) Method of Measurement (circle one) steel tape electric tap Hole depth: $\underline{565}$ Well depth: $\underline{560}$ Type of grout (circle one): \underline{Cement} Bentonite Min Casing length: $\underline{530}$ feet Casing diameter: $\underline{4}$ Screen length: $\underline{30}$ feet Screen diameter: $\underline{4}$ Screen slot size: $\underline{0.08}$ inches Setting depth: From Type of completion (circle all applicable): Gravel packed Unc Other (describe):	well drilling completed: <u>70</u> (describe)) land surface Date measure air line other: Well grouted to a depth of x inches Type of casing inches Type of screen feet to derreamed Telescoped O	d: $10 - 24 - 05$ of <u>30</u> feet FUC FUC SG0 feet pen hole Natural Development
Top of lap pipe or reduction in casing:feet. It	Density Sonic Neutro	n Other:
Logs run (circle all applicable): No log run Electric Gamma R Name of organization running $log(s)$: Shafe Legg Name of organization running log(s): Shafe Legg		
Name of organization running log(s): State Leg I certify that the well was drilled, constructed, and completed	in accordance with all applica	able requirements of the Mississipp
I certify that the well was drilled, constructed, and comparison Department of Environmental Quality and/or the Mississippi	Denartment of meanin regulat	HOUR WIN SWITCH
Arnold Fincher Sr 059	is line	I Finche St
Print Name of Water Well Contractor and License No.	Signatu	are of Water Well Contractor
		RECEIVED

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NOV 3 0 2005 BY: OLWR

L-30 Ground Level Description of Formations Encountared en Ta 6 5 ECTAY 50 CLA If more than one screen, show location of each on skotch Sketch the property layout and include the following: 1) the well location; 2) any permanent synchuros 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) indicate direction. Ke Z Shortes Ro tous

Funcher Well Contreastor Signature of Water

Landowner Name:

NOV 3 © 2005 BY: OLW Fi

		STATE WI	ELL REPORT					
P		art 2	For Office Use Only:					
County: Mades	on	Pump Installer'	s Completion Report					
		N Standards There ended and	and Water Resources	Aquifer:				
Permit #:	eq Services	Office of Land	and Water Resources Box 10631	Well#: <u>L-30</u>				
Driller: Water U	A Services	Jackson, I	AS 39289-0631	Well#:				
Date completed: 10	-25-05-		(601)961-5210					
			4-6938 (fax)	Elevation:				
This report sho	uld be prepared b	y the pump installer in det	all and filed with the Departm	ent within 30 days of the				
installation of pump. Well Owner Information		Well Location						
Owner Name:			Latitude: 32-36-45 Longitude: 90-11-04					
Jwner Name:	in Graf	P.I.	Method of Lat/Long (circle one): Conventional Survey,					
Mailing Address: <u>5687 Stokes</u> Rd Canton, MS City State Zip Code		USGS quad, Hand-heid GPS, Survey-grade GPS						
				Ō	ity Sta	te Zip Code	Distance Direction	Nearest Town
				,	1 1 - 7	1768	II NIII	11 Miles N/W of Can ton
Telephone No. (60	60 3-	637	<u> </u>	01 <u>Can</u>				
			р.	ower Type				
	Pump Typ Circle one			Circle one				
Air Lift	Jet	Submersible	Diesei Engine Gasol	ine Engine Natural Gas				
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO				
Centrifugal	Rotary	Flowing Well		r (specify):				
Other (marify)			Horse Power Rating of Moto	or: <u>3</u>				
Other (specify): Date Pump Installed: $10 - 24 - 05$ Rated Pump Capacity: 33 Gallons Per Minute		Setting Depth: 200 feet						
		Number of Stages: <u> </u>						
Rated Pump Capaci	ty:	Gallons Per Minute		مىرىنى بىرىنى بىرىن يىرىنى بىرىنى				
	Pump Test I	ata	Method of M	leasuring Water Level				
				Circle one				
Date Well Tested:	$\frac{10-23}{10}$		Air Line Electric M	easuring Line Steel Tape				
Static Water Level	(A): 108	Feet Below Land Surface						
		Feet Below Land Surface	Other (specify):	an an faile an				
rumping water Le	$\nabla ci(b) \cdot \underline{c}'$	T CAL TODIAL TWITC DATABLE		nhut in hand. Faat				
Drawdown [(B) - ((A)]:	Feet Below Land Surface	For flowing well, measured shut in head:feet					
		Gallons Per Minute	Well yielded	GPM with a drawdown of				
Duration of Pump	Test (minimum 4 h	ours):hours	feet after	hours of punping				
······	الان من بر الان برود عام بر الان المربوعين. - «مينان من الان الان المربوعين المربوعين المربوعين المر		<u> </u>					
		statements are true to the be	st of my knowledge.	nch Sr				
Arnold	Finder S	V 0598	line the	neh?				
1	Tomalles and I in	ense No. (if applicable)	Signature of Purn					
Print Name of Put	UD Biscarter and pre	the second se						

BY: OLWE