County: MARSHAI	_
Permit #:	
Driller: E LANGFOR	2
Date drilling completed: 12-28	94

Well Driller Report and Well Log

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)

	المريا
For Office Use Only:	
Aquifer:	
Well #: 19-69	_
L. S. Elevation:	
E-log #:	

State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department within	
Well Owner Information	Well Location	
Owner Name RAY CARVER	Latitude: 34 ° 57 ' 30 " Longitude: 89 ° 36 '33 "	
Mailing Address: New Loe motion (911)	Method of Lat/Long (circle one): Conventional Survey,	
CAYCE SUB,	USGS quad, Hand-held GPS, Survey-grade GPS	
City PHAS ANT COLATE Zip Code Telephone No. ()	SE NV Distance Direction Nearest Town Miles 5 of New 72 Muly	
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply	y Irrigation Fish Culture Other:	
Date well drilling started: 12-28-04 Date	te well drilling completed: 12-28-24	
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level:feet above or below (circle on	e) land surface Date measured:	
Method of Measurement (circle one) steel tape electric ta	pe air line other: 5-5-201 an 57King	
Hole depth: / 40 Well depth: / Well grouted to a depth of / 6 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 20 feet Casing diameter: Winches Type of casing: PUC		
Screen length: 10 feet Screen diameter: W inches Type of screen: 910000 bVC		
Screen slot size: <u>vol3</u> inches Setting depth: From	1 170 feet to 180 feet	
Type of completion (circle all applicable): Gravel packed Unc	derreamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable) No log run Electric Gamma Ra	ay Density Sonic Neutron Other:	
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.		
	67: OLV	
Frank Langeard 0-622	Flank Langboul	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Ground Level	17-67	Description of Formations Encountered	From	
		$\eta: R7$	0	30
		RISANO	30	50
		mix w/c/ny +smad	50	100
		U) SAND	100	180
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Sketch the property layout and include the following: 1) the well location; 2) any permanent st aid in locating the well; 3) any roads, power lines, or other items that may aid in 4) indicate direction.	tructures on the property that may locating the property and the well;
72 Idad Ser Don's	——————————————————————————————————————
Landowner Name: RNY CARVER	

For Office Use Only:

STATE WELL REPORT Part 2

Pump Installer's Completion Report

County: MARShall Date completed: 12-28-04

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

Elevation: (601)961-5210

Aquifer:

(601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location	
Owner Name: RAY CARVER Mailing Address: New LOCATION (911 YC)	Latitude:Longitude: Method of Lat/Long (circle one): Conventional Survey,	
CAYEL SURP.	USGS quad, Hand-held GPS, Survey-grade GPS	
Victoria M9 City State Zip Code plenson Cove	5 W ¼ 8 W ¼ Sec 3 4 Twn 1 5 Rng ¼ ω Distance Direction Nearest Town	
Telephone No. ()	off Jee Check Kd	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet submersible	Diesel Engine Gasoline 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: 12-28-04	Setting Depth:feet	
Rated Pump Capacity:	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 12-28-C4	Circle one	
Static Water Level (A): 50 Feet Below Land Surface	Air Line Electric Measuring Line teel Tape	
Pumping Water Level (B): #5 Feet Below Land Surface	Other (specify): 67ec/ AMI ON & TRING	
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: 15 + Gallons Per Minute	Well yielded 154 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. LANK LANG FOR & O-662 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		