to a ite	State W	all Donort	252-0986	
in mull		ell Report	For Office Use Only:	
County: Marshall	Mississippi Departmen	t of Environmental Quality	Aquifer:	
Permit #: $0 - 162$	Office of Land a	and Water Resources	Well #: W - 12 9:	
Driller: Long Cargester	P.O. H	Box 10631	Well #:	
Date drilling completed: $8 - 20 - 04$		IS 39289-0631 961-5210	L. S. Elevation:	
Carpenter Well Complete	(601)35	4-6938 (fax)	E-log #:	
Sout FAX # 662-25	2-3925 662-2	857-7587 wK		
State Law requires that this re	eport be prepared by the	driller in detail and filed v	vith the Department within	
30 days of completion of drilli Well Owner Infor		Wel	I Location	
Owner Name Domie Bobbitt		Latitude: <u>34 • 35 ,05 "</u> Longitude: <u>89 • 30 , 4 1 "</u>		
Mailing Address: 534 Whitfield Shine		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held	d GPS, Survey-grade GPS	
Herrordo Ins. 38632 City State Zip Code		<u>SE 14 SE 14 Sec 4 Twn 65 Rng 3W</u>		
Telephone No. (412) $895-5969$		Distance Direction	of Lans Hill	
	Well I	L Data		
Purpose of Well (circle one) Home	ndustrial Public Supply	Irrigation Fish Culture	Other Husting Calin	
Date well drilling started: $8 - 2$				
If flowing, method of flow regulation:				
Static Water Level: 75 feet	above or below (circle one) I	and surface Date measured:	8-20-04	
Method of Measurement (circle one)	steel tape electric tape	air line other:	RECEIVED	
Hole depth: <u>35</u> Well	depth: / 3 5*	Well grouted to a depth of		
Type of grout (circle one): Cement	Bentonite Mix		DV. OLU	
Casing length: <u>125</u> feet Ca	using diameter:4	inches Type of casing: _	Prc BY: OLWR	
Screen length: feet Se				
Screen slot size: . 0/3 inche	s Setting depth: From _	125 feet to	<u>/ 3 -5</u> feet	
Type of completion (circle all applicable	e): Gravel packed Under	reamed Telescoped Open	hole Natural Development	
	Other (describe):			
Top of lap pipe or reduction in casing: _	feet. If te	lescoped or more than one scr	reen, describe on back of page	
Logs run (circle all applicable): (No log	run Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s): I certify that the well was drilled, cons	structed, and completed in a	ccordance with all applicable		
Department of Environmental Quality				
LARRY CARPENTE Print Name of Water Well Contractor ar	R 0-162	_ Zany	Corperter	
Print Name of Water Well Contractor an	d License No.	Signature of	f Water Well Contractor	

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Signature of water

442 2520986

If well telescopes please sketch below and show depths.

Ground Level	und Level Description of Formations Encountered		From	To	
			Surface Soit med Proven Sand	0	19
			med white Sand	35	2.
		1.	White Course Sand	110	13
					\vdash
		All the second			-
					t
					+
					F
					1

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 roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction. RECEIVED . Well OCT 0 8 2004 BY: OLWR < Quem 310 Ha Bobb itt Landowner Name:

Signature of Water Well Contractor

	STATE WE	LL REPORT				
Part 2			For Office Use Only:			
County: Marshall		Completion Report t of Environmental Quality	Aquifer:			
Permit #: $0 - 16 \mathbb{Z}$	Office of Land and Water Resources					
Driller: Lang Conperter	P.O. Box 10631 Jackson, MS 39289-0631		Well #: W-12			
Date completed: $8-20-04$	(601)	961-5210	Elevation:			
	(601)354	4-6938 (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 Owner Informat	4	Wel	I Location			
Owner Name: Lonnie Bor	bitt	Latitude:Longitude:				
Mailing Address: 534 Whith	eld Unive	Method of Lat/Long (circle one): Conventional Survey,				
			USGS quad, Hand-held GPS, Survey-grade GPS			
Tferrado 750. City State	38632	14 14 Sec44 _ Twn64 _ Rng3				
City State	Zip Code	Distance Direction Nearest Town				
Telephone No. (663 895 - 5909		3 Miles East of Lows Hill				
	<u> </u>					
Ритр Туре		Po	wer Type			
Circle one		C	ircle one			
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne 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: $8 - 2 - 0$	4	Setting Depth:	6 0 feet			
Rated Pump Capacity: / 2	_Gallons Per Minute	Number of Stages:	/ (OCT 0 8 2004			
			BY: OLW			
Pump Test Data			easuring Water Level			
Date Well Tested: 8-20-	04					
Static Water Level (A): 75 Feet	Below Land Surface		asuring Line Steel Tape			
Pumping Water Level (B):Feet	Below Land Surface	Other (specify):				
Drawdown [(B) – (A)]: Feet	Below Land Surface	For flowing well, measured shut in head:feet				
Test Pumping Rate: 15	Gallons Per Minute	Well yielded GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours)	: <u> </u>	feet afterhours of pumping				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge						
LARRY CARPENTER 0-162 Lang Conperter						

LARRY CARPENTER 0-162 Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer