	State Well Re	port	For Office Use Only:	
County: Neshoba 099 Mississippi Department of			For Office Ose Omy:	
County: 10 County:	Mississippi Department of Envir	onmental Quality	Aquifer:	
Permit #:	Office of Land and Water	Resources	Well #: 6-61	
Note Chal	P.O. Box 1063		Well#: G-VI	
Driller: / lelson CHIN	Jackson, MS 39289-	0631	L. S. Elevation:	
Date drilling completed: 2-28-05	(601)961-5210			
Date drining completes.	(601)354-6938 (f		E-log #:	
Cair, Nelson				
State Law requires that this repo	rt be prepared by the driller i	ı detail and filed w	ith the Department within	
30 days of completion of drilling	of the well.			
Well Owner Information	tion		Location	
Owner Name Jon y Myc	Owner Name Tony Myrcs Latitude: 32 .49 .05 " Longitude: 89 . C1 . 4			
	, , ,	of Lat/Long (circle o	ne): Conventional Survey,	
			I GPS, Survey-grade GPS	
121.1.1.10	Dr 29350 8	4 8 1/4 Sec /	V Twn 11 N Rng 126	
Philadelphia City Sta	te Zip Code NE	5E	of the Kot labe M.	
•	Distanc	e Direction	Nearest Town	
Telephone No. (601) 562-46	.76	_Miles $\frac{10}{2}$	of The Boreford	
	Well Data		21:11 4 150	
Purpose of Well (circle one) Home Ind	ustrial Public Supply Irrigati	on Fish Culture	Other: Chicken Houses	
1 2 2 2				
Date well drilling started: 2-23				
If flowing, method of flow regulation: Va	lve Other (describe)			
Static Water Level: 75 feet above or below (circle one) land surface Date measured: 2-25-05				
Method of Measurement (circle one)	teel tape electric tape air	line other:	String	
Hole depth: 265 Well de	enth: 265 Well	grouted to a depth of	feet	
Type of grout (circle one): Cement	Bentonite Mix		Duc	
Casing length: 245 feet Cas	ing diameter:inche	Type of casing:	400	
Screen length: 20 feet Scr	reen diameter:inche	s Type of screen:	PVC	
1				
Type of completion (circle all applicable)	Gravel packed Underreamed	Telescoped Op	en hole Natural Development	
Other (describe):				
		Jamana than ana	sarean describe on back of nage	
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 Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
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.				
Department of Charleston Anguet and a treatment to be a constitution of the constituti				
11/10	17 -7-711	7/1		
Nelson CAIN	0-374	1/2/11	n com	
Print Name of Water Well Contractor an	d License No.	Signatur	e of Water Well Contractor	

Print Name of Water Well Contractor and License No.

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BY: OLWR

Ground	Level

Description of Formations Encountered From To Tay Scil at Sand 5 265 Sand 5 265	Description of Formations Encountered	From	To
5 265 Sonc) 5 265	Tou Sail of Sand		
	7 29 361 4 361	5	265
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If more than one screen, show location of each on sketch

If more	than one screen, snow location of each of states.
Sketch the p	roperty 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.
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Asa .	1 2 3 Thickon
\	1 12 m Touses
	Tink Wall
	Tank WOII
	$+$ \sim \sim
Landowne	r Name: Tony Myers
	σ

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

County:

Permit #:

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:		
Well #: 6-61		
Elevation:		

nartment within 30 days of the

This report should be prepared by the pump installer in detail			
installation of pump. Well Owner Information	Well Location		
Owner Name: Tony Myres	Latitude:Longitude:		
Mailing Address: 13691 Rd 614	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Philadelphia M5 39350 City State Zip Code	5 14 £ 14 Sec // Twn // N Rng /2 E		
City / State Zap code	Distance Direction Nearest Town		
Telephone No. (661) 562 - 4676	5 Miles N/E of Phila delphie MS		
	Power Type		
Pump Type Circle one	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: 2-25-05	Setting Depth:feet		
Rated Pump Capacity: 25 Gallons Per Minute	Number of Stages: 26		
Pump Test Data	Method of Measuring Water Level		
•	Circle one		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A):Feet Below Land Surface	Other (specify):		
Pumping Water Level (B):Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: 50 Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

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