Par	t l	Aquifer:			
County: Newton Mississippi Department of Sandan	of Environmental Quality	Well #: \(\xi - 50 \)			
Office of Land and	J Water Item				
Permit #: P.O. Bo	P () B0x 10031				
Permit #: P.O. Bo Jackson, MS Jackson, MS (601)9	39289-0631				
Driller: 110-101 (601)9	61-5210	E-log #:			
Date drilling completed: 2 - 19 - 05 (601)9 (601)354	-6938 (fax)				
	and filed	with the Department within			
State Law requires that this report be prepared by the	driller in detail and mee				
State Law requires that this report of the well. 30 days of completion of drilling of the well.	We	ell Location			
30 days of completed information	22 27 15	89. 13.20"			
Owner Name Jerry Peoples	Latitude: 32° 21, 15	" Longitude: 89. 13, 20."			
Owner Name Jemy Feepres	Lucia	Conventional Survey,			
Owner Ivanic	Method of Lat/Long (circle	one): Conventional Survey,			
Mailing Address: 139 August 16.	Hand-he	eld GPS, Survey-grade GPS			
	USGS quad, Fland-In	711/108			
	11 14 6 1/4 Sec 1	3 Twn 71 Rng 10E			
Decatus MS City State Zip Code	NE NE	Town			
City State Zip Code	Distance Direction	Nearest Town			
1/0/4	Miles We	Nearest Town My of Decating my			
Telephone No. (601) 635 - 4314					
Wel	Data	21-1 51			
	Fish Culture	Other: Charles lowers			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation 1 isin Current	Other Clicken Threes			
Purpose of well (effect only)	e well drilling completed:	12-19-05			
Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: 12-10-05 Date	C WON GARAGE				
Other (describe)					
If flowing, method of flow regulation: Valve Other (describe) Static Water Level: 23 feet above or below (circle one) land surface Date measured: 24 54 54 54 54 54 54 54					
feet above or below (circle on	e) land surface Date mouse				
Static Water Level.	air line other:	String			
Method of Measurement (circle one) steel tape electric to	•				
Hole depth:/ Well depth.					
Type of grout (circle one): Cement Bentonite	lix	Pilc.			
95 a diameter A	inches Type of casi	ing:			
Casing length:teet Casing diameter.		en: PUC			
Screen length: 20 feet Screen diameter: 7	inches Type of scre	en.			
	om 95 feet to	115 feet			
Screen slot size: HIO inches Setting depth: Fro					
Type of completion (circle all applicable). Gravel packed U					
Top of lap pipe or reduction in casing:feet.	If telescoped or more than o	ne screen, describe on back of page			
Logs run (circle all applicable): No log run Electric Gamma					
Name of organization running log(s): I certify that the well was drilled, constructed, and completed		icable requirements of the Mississinni			
I certify that the well was drilled, constructed, and completed	i in accordance with all appi	icanic requirements of the fillionshipp			
Department of Environmental Quality and/or the Mississipp	i Department of Health regu	lations and state laws.			
	-7/				
Nobson CAIN 0-374	// /	Son (an			
100000000000000000000000000000000000000		of Water Well Contractor			
Print Name of Water Well Contractor and License No.	Sign	ature of Water Well Contractor			

State Well Report Part 1

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BY: OLWR

If well	telescopes	nlease	sketch	below	and	show	depths.
II WCII	rerescones	picasc	SKOLOH	001011	~~~		

€-50

Ground Level			Description of For	mations Encounter	eu
Glouid Level			To	a Soil	
			5	9,00	
			Water	Sand	
					-
			L		

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

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.
4) indicate direction.
Landowner Name: Jerry Peoples

Signature of Water Well Contractor

JAN 3 0 2006 BY: OLWR

STATE WELL REPORT Part 2

Print Name of Pump Installer and License No. (if applicable)

Pump Installer's Completion Report 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:	and distributions from
Well#: E- 50	
Elevation:	-

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 Information	Well Location
Owner Name: Jerry Jeoples	Latitude:Longitude:
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,
City State Zip Code Telephone No. (60) 635 - 4314	USGS quad, Hand-held GPS, Survey-grade GPS N 1/4 E 1/4 Sec / 3 Twn 7N Rng / 0 E Distance Direction Nearest Town Miles WEST of Decation MS
Pump Type	Power 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: 549
Date Pump Installed: 12-12-05	Setting Depth:feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: 12-12-05	At I Care Managina Line Care Tone
Static Water Level (A): 23 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
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:Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.

Signature of Pump Installer

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JAN 3 0 2006

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