State W	ell Report			
County PANULA P	art 1	For Office Use Only:		
Mississippi Department	Mississippi Department of Environmental Quality			
Permit #: Office of Land and Water Resources Proller: BCB Driller: Description 0631 Inclusion 065 20280 0631		well #: 0 53		
Driller:DC15 Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 1-5-65 (601)961-5210 (601)354-6938 (fax)		E-log #:		
(601)354-0938 (Iax)				
State Law requires that this report be prepared by the driller in detail and filed with the Department within				
30 days of completion of drilling of the well. Well Owner Information	Wel	Location		
Owner Name	Latitude: ° '	_" Longitude:''		
Uwner Name				
Mailing Address:	- / /			
COBERSON LANE	USGS quad, Hand-held	USGS quad, Hand-held GPS, Survey-grade GPS		
	¼¼ Sec_O-"	1 Twn 785 Rng R5W		
City State Zip Code		-		
Telephone No. 663 609 - 6042 Distance Direction Nearest Town <u>JO</u> Miles <u>JE</u> of <u>SARDIS</u>				
Well Data				
Purpose of Well (circle one) (Home Industrial Public Supply	Irrigation Fish Culture			
Date well drilling started: Date well drilling completed:				
If flowing method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: Well depth: Well grouted to a depth of feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>20</u> feet Casing diameter: <u>21</u>	inches Type of casing:	<u>puc</u>		
Screen length:	inches Type of screen:	pvc		
Screen slot size: 10 THUS inches Setting depth: From 128 feet to 148 feet				
Type of completion (circle all applicable): Gravel packed Under	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):	in Astrin S			
Top of lap pipe or reduction in casing:feet. If the	elescoped or more than one sc	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, 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.				
BOB SMIDT 0645		112		
Print Name of Water Well Contractor and License No.		of Water Well Contractor		

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If well telescopes please sketch below and show depths.

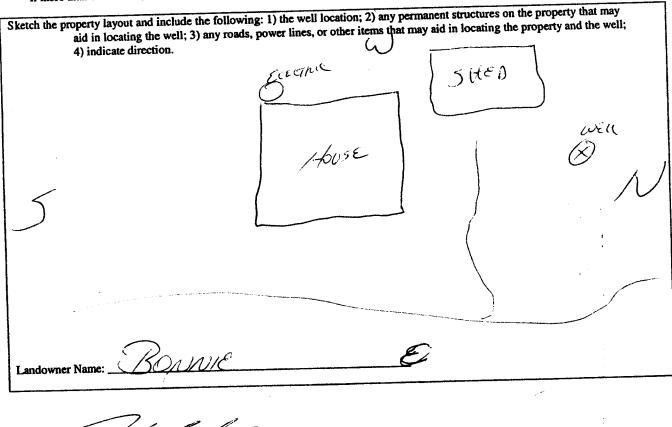
Ground Level

Puis.	Ψ		
	Description of Formations Encountered	From	To
	JOP SOIL	0	15
	BROWN CITY	5	18
	ROCK	18	20
	CREY GAY	50	36
	UMTEX GREY CIAY	36	110
	WATE CIMY 500	10	135
	INITITE Spl	35	140
	BLACK CITY	(4)	1-18
		-+	

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



Signature of Water Well Contractor

RECENCE RECENCE BY: OLVIA

STATE WELL REPORT			
County: Pump Installer's Permit #: Mississippi Departmen Driller: BOB Driller: BOB Date completed: 165-05	art 2 For Office Use Only: completion Report Aquifer: t of Environmental Quality Aquifer: md Water Resources Well #: Sox 10631 Well #: 961-5210 Elevation: 4-6938 (fax) Hell #:		
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			
Well Owner Information	Latitude:Longitude:		
Mailing Address: Mailing Addr	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ¼ ¼ Sec_O.9_ Twn T85_ Rng £5 W Distance Direction Nearest Town 10 Miles DEOf Set 2015		
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): Date Pump Installed:5 -0.5 Rated Pump Capacity:Gallons Per Minute	Horse Power Rating of Motor:		
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. BBS D-645 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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