County: Lean Kiver	1 State We	ell Report	
County: J. Law Knew			For Office Use On
Permit #:			Aquifer:
Driller: J.C. Sumrall	P.O. Bo	ox 10631	Well #: <u>1 - 76</u>
Date drilling completed: 5 100		S 39289-0631 61-5210	L. S. Elevation:
Date drining completed:		-6938 (fax)	E-log #:
State I are required that this new		luillau in Jotoi and filadar	ith the Deventment wi
State Law requires that this rep- 30 days of completion of drilling		irmer in detail and theo w	the Department w
Well Owner Informa	•	Well	Location
Owner Name Trent MC	AUTIN	Latitude:'	" Longitude:°
Mailing Address: 83 014	Juny 26	Method of Lat/Long (circle or	ne): Conventional Survey.
		USGS quad, Hand-held	GPS, Survey-grade GPS
Poplar Ilis 1	No 201120	1414 Sec 5	
Pepilarville, L	ate Zip Code		
Telephone No. 601 520 - 6	- 1	Distance Direction Miles	of Rearest Town
	-	<u></u>	
	Well D	ata	
Purpose of Well (circle one Home Ind	lustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started:	10/05 Date w	ell drilling completed:	liolos
If flowing, method of flow regulation: Va	/		////
_	_	-	Mislan
Static Water Level:feet al	bove of below circle one) la	ind surface Date measured:	5/10/05
Method of Measurement (circle one)	teel tape electric tape	air line other:	
Hole depth: 1004 Well de	pth: 1004.	Well grouted to a depth of _	feet
Type of grout (circle one): Cement	Bentonite Mix		•
	\bigcirc	in the Three of easily and	Dela
Casing length: <u>90</u> feet Casi Screen length: <u>10</u> feet Scree	ng diameter:	_inches Type of casing:	
Screen slot size: • 010inches	Setting depth: From	<u>90</u> feet to	160_feet
Type of completion (circle all applicable):	Gravel packed Underry	eamed Telescoped Open	hole Natural Develop
	-	* *	
Type of completion (circle all applicable):	Other (describe):		
Type of completion (circle all applicable): Top of lap pipe or reduction in casing:	Other (describe):feet. If tel	escoped or more than one scr	een, describe on back of
Type of completion (circle all applicable): Top of lap pipe or reduction in casing:	Other (describe):feet. If tel	escoped or more than one scr	een, describe on back of
Type of completion (circle all applicable): Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log ru Name of organization running log(s):	Other (describe):feet. If tele	escoped or more than one scr Density Sonic Neutron	een, describe on back of Other:
Type of completion (circle all applicable): Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log ru Name of organization running log(s): I certify that the well was drilled, constr	Other (describe): feet. If tele D Electric Gamma Ray	escoped or more than one scr Density Sonic Neutron ccordance with all applicable	een, describe on back of p Other: requirements of the Miss
Type of completion (circle all applicable): Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log ru Name of organization running log(s):	Other (describe): feet. If tele D Electric Gamma Ray	escoped or more than one scr Density Sonic Neutron ccordance with all applicable	een, describe on back of Other: requirements of the Miss
Type of completion (circle all applicable): Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log ru Name of organization running log(s): I certify that the well was drilled, constr	Other (describe): feet. If tele Description Comma Ray ructed, and completed in action and/or the Mississippi Depa	escoped or more than one scr Density Sonic Neutron ccordance with all applicable	een, describe on back of p Other: requirements of the Miss

RECEVED SAGESTA If well telescopes please sketch below and show depths.

Ground Level

		top So
		100 30
	•	0
	1	
		· · · · · · · · · · · · · · · · · · ·
		Sandy Sand
		A // U
		Call
		5040
		7773
		1
	i de la constante de	
	1	
	1	
		1
	1	
		1
	1	
		1
	1	
	1	
	1	
	1	
,		La contra

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. 70 Pog 100:11 Treat Mc Lauria Landowner Name:

Signature of Water I Contractor

RECENCED JUN 0 2 2365 BY. OLWA

• 76 From

0

Description of Formations Encountered

То

STATE W	ELL REPORT			
County: $ICAF KIVeY$ Permit #: Office of Lance Driller: $J.C.Sum VAII$ Date completed: $5/10/05$ This report should be prepared by the pump installer in definition	Part 2 r's Completion Report ent of Environmental Quality d and Water Resources . Box 10631 MS 39289-0631 1)961-5210 354-6938 (fax) For Office Use Only: Aquifer: Well #: Elevation: tail and filed with the Department within 30 days of the			
installation of pump. Well Owner Information	Well Location			
Owner Name: Treat Mc LAURIN	Latitude:Longitude:			
Mailing Address: 83 OH Huy 26	Method of Lat/Long (circle one): Conventional Survey,			
Maining Modess. Of the pylog and	USGS quad, Hand-held GPS, Survey-grade GPS			
Palanille Ma 201000				
Pop larville Ms 39970 City State Zip Code	¹ / ₄ ¹ / ₄ Sec_ 5 Twn 3 Rng /			
	Distance Direction Nearest Town			
Telephone No. (60) 520.0974	_5_Miles _ of fop avoille_			
<u> </u>				
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: 5/10/05	Setting Depth: <u>90</u> feet			
Rated Pump Capacity: Gallons Per Minute	Number of Stages:			
Kaled Fullip CapacityGalions Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring 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: Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours				
nours	feet afterhours of pumping			
	\sim			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Jordan Well Sep. 0-508 Print Name of Pump Installer and License No. (if applicable)	Signature of Designation of Designat			
(in applicable)	Signature of Pumy Installer			

1 . *

RECEIVED JUN 0 2 2005 BY: OLWR