Permit #: Permit #: Permit #: Permit #: Mississippi Department of Environmental Quality Aquifer: Driller: $\angle = e e e O e : 1/i = e$ $\angle L = e e e O e : 1/i = e$ P.O. Box 10631 Well #: $B = 14/e$	State V	Vell Report	
Office of Land and Water Resources Duiter: $L \subseteq c \in e \in Orr/Hirrs$ Due drilling completed: $AOU O \neq$ State Law requires that this report be prepared by the driller in detail and filed with the Department v $Bot (601)354-6938 (fax)$ State Law requires that this report be prepared by the driller in detail and filed with the Department v $Bot (601)354-6938 (fax)$ State Law requires that this report be prepared by the driller in detail and filed with the Department v $Bot (601)364-6938 (fax)$ Well Well Went Information Well Vent Well Conventional Survey Well Meter State $Method of Lat/Long (circle one): Conventional Survey USGS quad, Handheld GPS, Survey-grade GPC Well Meter State State$			For Office Use Onl
Drute: $L = c p c c 0 r(1) c s 1 2 and and water Resources Weil # B - 14 Date drilling completed: N = 0 N = 0 N = 0 Date drilling completed: N = 0 0 \leq 1 N = 0 N = 0 State Law requires that this report be prepared by the driller in detail and filed with the Department v N = 0 N = 0 N = 0 Weil Worker information Weil Worker information Weil Net information Weil Net information Owner Name L = M = 0 N = 0 N = 0 N = 0 Mailing Address: H_1 = M = 0 $	Permit #: Office of L and	nt of Environmental Quality	
Date drilling completed: $MOU'OY$ Isckson, MS 39289-0631 (601)961-5210 (601)954-5210 (601)954-5210 L S. Elevation:			Well #: <u>B-144</u>
(601)354-6938 (fax) Elog #	Jackson, J		L. S. Elevation:
State Law requires that this report be prepared by the driller in detail and filed with the Department v Well Owner Information Well Owner Information Owner Name $\langle \Delta w_i S Arrall Well Owner Information Mailing Address: H_i \omega_A \gamma \in W_{i-1} S M_{i-1} = M_{i-1$	(001		E-log #
Jo days of completion of arming of the well. Well Owner Information Owner Name $\langle \Delta w_i s, H_{\Delta r} s M$ Mailing Address: $A_i w_a y \in W_s s M$ Latitude: " Longitude: Los 7575c M S City State Zip Code Well Code Distance Direction Negrest Town State Zip Code Well Data Purpose of Well (circle one) Industrial Pulic Supply Industrial Pulic Supply Industrial Pulic Supply Industrial Public Supply Irrigation Fish Culture Other (describe) State Well drilling started: N 2 V 2 4 Date well drilling started: M 2 V 2 4 Method of Measurement (circle one) steel tape electric tape air line Other (describe) State State Well depth: / 9 4			
Well Owner Information Well Location Owner Name Δw_1 's $H_{\Delta craff}$ Latitude: Longitude: Mailing Address: H_1 $\omega_4 \gamma_6$ ω_{ast} Method of LaULong (Gircle one): Conventional Survey $D_{ast70736}$ MS $\exists df \delta \leq$ Method of LaULong (Gircle one): Conventional Survey $USGS$ quad, Hand-held GPS, Survey-grade GPS $USGS$ quad, Hand-held GPS, Survey-grade GPS $City$ State Zip Code Distance Direction Nearest Town $\exists d = \Delta w$ $M = 0$ Nearest Town $\forall d = \Delta w$ Industrial Public Supply Irigation Date well drilling started: $N \leq v \leq 4$ Date well drilling completed: $N \geq v \leq 4$ Date well drilling started: $N \leq v \leq 4$ Date well drilling completed: $N \geq v \leq 4$ Method of flow regulation: Valve Other (describe) Static Water Level: $feet$ above or below/(circle one) hand surface Date measured: $N \geq v \leq 4$ Hole depth: $fg 4$ Well depth: $fg 4$ Well grouted to a depth of $fo = v \leq v < d = v $	30 days of completion of drilling of the well	e driller in detail and filed w	with the Department wit
Mailing Address: $H_1 \omega_A \gamma_A \omega_A \omega_A \omega_A \omega_A \omega_A \omega_A \omega_A \omega_A \omega_A \omega$	Well Owner Information	Wel	l Location
Mailing Address: $H_1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Owner Name Lewis HArrall	Latitude: ° '	"Longitude: • '
$\frac{1}{20075752} \underbrace{M5}_{City} \underbrace{358663}_{Siate} \underbrace{2ip Code}_{Zip Code}$ $\frac{1}{2ip Code} \underbrace{Well Sec \underbrace{2}_{Twn} \underbrace{95}_{Siate} \underbrace{1}_{Siance} \underbrace{1}$			
$\frac{1}{20075752} \underbrace{M5}_{City} \underbrace{358663}_{Siate} \underbrace{2ip Code}_{Zip Code}$ $\frac{1}{2ip Code} \underbrace{Well Sec \underbrace{2}_{Twn} \underbrace{95}_{Siate} \underbrace{1}_{Siance} \underbrace{1}$		USGS quad. Hand-held	GPS Survey-grade GPS
Telephone No. (PUNTOTOL MS 35863		
Telephone No. ()	City State Zip Code	¼ ¼ Sec_ ∠ J	Twn 7 > Rng_ _Z
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:	Telephone No. ()		Nearest Town of <u>Portoto</u>
Date well drilling started: $N > 0 - 4$ Date well drilling completed: $N > 0 - 4$ If flowing, method of flow regulation: ValveOther (describe)Other (describe)	Well	Data	·····
Date well drilling started: $N = 0$ $Q = 0$ Date well drilling completed: $N = 0$ $Q = 0$ $Q = 0$ Date well drilling completed: $N = 0$ $Q = 0$ Date well drilling completed: $N = 0$ $Q = 0$ Date well drilling completed: $N = 0$ $Q = 0$ Date well drilling completed: $N = 0$ $Q = 0$ Date well drilling completed: $N = 0$ $Q = 0$ Date well drilling completed: $N = 0$ $Q = 0$ Date well drilling completed is a depth of $M = 0$ $Q = 0$ Date well drilling completed is a depth of $M = 0$ $Q = 0$ Date well depth: $M = 0$ $Q = 0$ Date well depth: $M = 0$ $Q = 0$ Date well depth: $M = 0$ $Q = 0$	Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fich Culture	Other
If flowing, method of flow regulation: ValveOther (describe)	Date well drilling started: N/04/ 04	Ingation Tisti Culture	Outer:
Static Water Level: \checkmark feet above or below (circle one) land surface Date measured: $\land \lor \lor$			
Method of Measurement (circle one) steel tape electric tape air line other:			
Method of Measurement (circle one) steel tape electric tape air line other:	Static Water Level:feet above or below (circle one)	land surface Date measured:_	NOV 04
Hole depth: 194 Well depth: 194 Well grouted to a depth of 100 feet Type of grout (circle one): Cement Bentonite Mix Casing length: 174 feet Casing diameter: $9^{\prime\prime}$ inches Type of casing: $9^{\prime\prime}$ Screen length: 20 feet Screen diameter: $9^{\prime\prime}$ inches Type of screen: $9^{\prime\prime}$ Screen slot size: 00 inches Setting depth: From 174 feet to 194 feet feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Develop Other (describe):			
Type of grout (circle one): Cement Bentonite Mix Casing length:			
Casing length:	There exists a second sec		<u>/o</u> feet
Screen length: 25 feet Screen diameter: $4^{"}$ inches Type of screen: pvc Screen slot size: 0° inches Setting depth: From 176 feet to 166 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Develop Other (describe):			
Screen length: 25 feet Screen diameter: $4^{"}$ inches Type of screen: pvc Screen slot size: 06 inches Setting depth: From 176 feet to 166 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Develop Other (describe):	Casing length:feet Casing diameter:4 "	inches Type of casing: $\frac{p}{2}$	ve
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Develop Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of plots run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):	Screen length: <u>25</u> feet Screen diameter: <u>4</u> "	inches Type of screen:	pue
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Develop Other (describe): Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of plots run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):	Screen slot size:inches Setting depth: From	176 feet to 19	6 feet
Other (describe):	Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open 1	hole Natural Developm
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of places 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 Miss Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $L \in E \in ER$ Do://line 0079			
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 Miss Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $L \in E E R$ D_{V} : // $L \approx 00.76$ Print Name of Water Well Contract on With the Mississippi Department of Health regulations and state laws.	Top of lap pipe or reduction in casing: feet If to	lescoped or more than and	
Name of organization running $log(s)$: I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Miss Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $L \in E \in D_{V}$: $ lime \ 00\ 7G$ Print Name of Water Well Contemport with all applicable requirements of the Mississippi Department of Health regulations and state laws.	Logs run (circle all applicable): No log run Elastric Com	D	en, describe on back of pa
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Miss Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $\frac{\left(E E F E R \right) v_{i} / line 00.76}{Print Name of Water Well Contempored with all applicable requirements of the Mississippi Department of Health regulations and state laws.$	Nome of any in the second	Density Sonic Neutron (Other:
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $\frac{(E \in FER \ Dr. 1/linc \ 00.79}{(E \in FER \ Dr. 1/linc \ 00.79}$ Print Name of Water Well Contempt on With the Mississippi Department of Health regulations and state laws.	I certify that the well was drilled constructed and and		
LEEPER Duilling 0079	Department of Environmental Quality and/on the Mission in a	ccordance with all applicable r	equirements of the Missis
Print Name of Water Wall Continued and Miles			and state laws.
Print Name of Water Wall Contract on 111			11
Signature of Water Well Contractor			
	LEEPER Duilling 0079	\bigcirc	the period

ny Clark

If well telescopes please sketch below and show depths.

đ

.

		Description of Formations Encountered	From	То
		Top Gumbo	0	2
		Blue Clair	20	60
		CHALRY Clay		
min		with Lime pock	60	17
	STATIC Level 52 pt		00	
	5-17			
		- BANZ	70	14
1				
V		· · · · · · · · · · · · · · · · · · ·		
. 12	- 4 CASIM			
1 1	(76+5)			
· ↓ ↓ .		······································	-	
	4" Screed			
1 1-1-	7.64			
1 1				╆───
If more than one	screen, show location of each on sketch			
).1.				
We	ST < Hiwry	6		
We	/	6		
Landowner Name:	ST & Hiwry Lewis Harroll	6		
	/	6		
	/	6		
Landowner Name:	Lewis Harrall			
Landowner Name:	Lewis Harrall			
Landowner Name:	Lewis Harrall			

0	-	ELL REPORT		
County: TON TOTOL	Pump Installer	's Completion Report	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Driller: Leeper Drilling		Box 10631 MS 39289-0631	Well #:	
Date completed: <u>Nov 04</u>		l)961-5210 54-6938 (fax)	Elevation:	
This report should be prepared by th installation of pump.	ne pump installer in det	ail and filed with the Departme	Lnt within 30 days of the	
Well Owner Information	tion	We	Il Location	
Owner Name: / eucis Harr	l		Longitude:	
Mailing Address: fliway				
the second se	p way	Method of Lat/Long (circle or	•	
	S > CC./ -	1	I-held GPS, Survey-grade GPS	
Ton ToToc M. City State	2 30863 Zip Code		E Twn 95 Rng 25	
, State	Lip Couc	Distance Direction	Nearest Town	
Telephone No. ()		32 Miles W	of for Totic	
Pump Type Circle one	· · · · · · · · · · · · · · · · · · ·		wer Type 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):			: <u> 74</u> HP	
Date Pump Installed: NOU 04		Setting Depth: (0 0	/	
Rated Pump Capacity: (0	_Gallons Per Minute	Number of Stages: 1		
Pump Test Data		Method of Me	asuring Water Level	
Date Well Tested: <u>Nov o 4</u>			ircle one	
Static Water Level (A):Feqt Below Land Surface		Air Line Electric Mea	suring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface		Other (specify):		
Drawdown [(B) – (A)]:Feet		For flowing well measured en	ut in head	
Test Pumping Rate:Gallons Per Minute		For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):			hours of pumping	
			··· · · · · · · · · · · · · · ·	
I HEREBY CERTIFY that the above staten	nents are true to the best	of my knowledge		
	On 76	or my Milowieuge.	80	
Print Name of Pump Installer and License N		Signature of Rump Ir	atolite +	

.

RELLES EN OLIVA