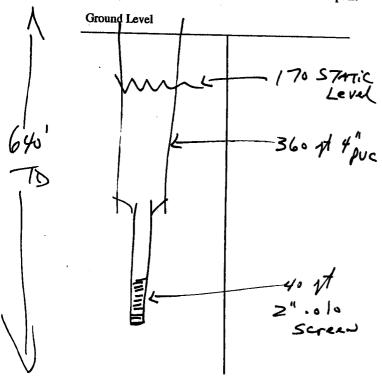
Pontota	State W	all Damant			
	State Well Report		For Office Use Only:		
County:	Part 1				
Permit #:	Office of Land or	of Environmental Quality	Aquifer:		
1 - 11		nd Water Resources	Well #: 6-96		
Driller: Lee per Drilling		S 39289-0631			
Date drilling completed: 3-30-06		61-5210	L. S. Elevation:		
·		-6938 (fax)	E-log #:		
To days of completion of drining	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 Informat	tion A	Well	Location		
Owner Name / Cert	· +/		" Longitude: 81 •49 •43 "		
· · · · · · · · · · · · · · · · · · ·		Lautude: 10	Longitude: O'C and CT (CT)"		
Mailing Address: 4 2	Method of Lat/Long (circle on		e): Conventional Survey,		
Hold C	ANE		_		
	USGS quad, Hand-held		GPS, Survey-grade GPS		
- / upelo M.	MS 38801 1 56 14 Sec 1		Twn 95 Rng 5		
	Tupe 10 MS 38801  ity / State Zip Code  USGS qu  1/4 SC		45-		
Telephone No. (662) 4/5-2589		Distance Direction Nearest Town Miles of Tapak			
Well Data					
Purpose of Well (circle one) Home Indu	strial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 3-29-06 Date well drilling completed: 3-30-04					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: 170 feet above or below (direct one) land surface Date measured: 3-3/- 0 (					
Mathod of Manuscratical					
Hole depth: 640 Well depth: 640 Well grouted to a depth of 6					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: Sou feet Casing diameter: finches Type of casing:					
Screen length: 40 feet Screen diameter: 2 inches Type of screen: pv					
Screen slot size: 10/0 inches Setting depth: From 600 feet to 640 feet					
Type of completion (six) at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
	Other (describe):				
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)					
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.					
LEEPER Drilling #					
Print Name of Water Well Contractor and License No.		Simon or	Water Well Co.		
		Signature of v	Vater Well Contractor		

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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То
TOP GUMBO	0	20
Light Blue Clay	20	60
CHALK	100	280
54~ Coffee formation	Zfo	32
CHAUK	320	45
Silty Sand	47.0	600
E474W	600	640
	_	

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

Sketch the property layout and include the following: 1) the well local aid in locating the well; 3) any roads, power lines, or of 4) indicate direction.	tion; 2) any permanent structures on the property that may her items that may aid in locating the property and the well;
Hom E	X-wall
Landowner Name: /rer7 Hut	

Signature of Water Well Contractor

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## STATE WELL REPORT

## 

## Part 2

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:		
Well #: G - 96		
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				
l	Well Location			
Owner Name: Trent Holt	Latitude:Longitude:			
Mailing Address: Lot#2	Method of Lat/Long (circle one): Conventional Survey,			
Hold CANE				
Tuest Mr 366 1	USGS quad, Hand-held GPS, Survey-grade GPS			
Tupelo MS 38fo / City State Zip Code	¼¼ Sec/9_ Twn95_ Rng_5E			
State Zip Code	Distance Direction Nearest Town			
Telephone No. (662) 419-2589	Proction 14catest 10MU			
	_ G Miles _ E of _ Tupe/y			
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: 3-31-0				
	Setting Depth:feet			
Rated Pump Capacity: Gallons Per Minute	Number of Stages: /4			
Pump Test Data	Made J. Chr.			
Date Well Tested: 3- 31- 06	Method of Measuring Water Level Circle one			
Static Water Level (A): / 70 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 yieldedGPM 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.

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

Signature of Pump Installer

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