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County: DU HMAN	
Permit #: 40060	
Driller: Houston DAILING	
Date drilling completed: 5/12/05	

State Well Report

Part 1 - Driller's Log

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 #:
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole. Well or Borehole Location

Information on Well Owner	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude 34 . 18. 38 Longitud 90 . 15. 25 w		
MANUTE MCPheetels	Latitude: 17 ° 104', Some Longitude: 10° 10's		
	Method of Lat/Long (circle one): Conventional Survey, 45		
Mailing Address: 1255 NORTH BASIN LAVE			
Maining Address.	USGS quad, Hand-held GPS, Survey-grade GPS		
	NE 14 NE 14 Sec # Twn 28 N Rng /W		
SARASOTA FL 34242	NE 1/4 Sec 1 IWI 20 Ring 100		
City State Zip Code	Distance Direction Nearest Town		
0.1.)	Miles of		
Telephone No. (612) 444 - 8531			
Well / Bore	nole Data		
Date drilling started: $5/2$ Date drilling completed: $5/2$	Y Hole depth: /// Hole diameter: 24		
	1		
Location of the source of any surface water used for drilling: 5. Method of dosing and volume of Chlorine used in drilling and devel	AME COL		
Method of dosing and volume of Chlorine used in drilling and devel	opment: 123 Pel 1000 674		
Logs run (circle all applicable): log run Electric Gamma Ray	Density Sonic Neutron Other:		
Name of organization running log(s):	Delibity Source Treatment		
	G 10 W 1		
Purpose of borchole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe			
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:			
Purpose of Well (check one): Home Industrial Public Supply	Irrigation V Fish Culture Other:		
If a flowing well, method of flow regulation: ValveO	ther (describe)		
	and surface Date measured: 5/13		
If a flowing well, method of flow regulation: ValveO Static Water Level:feet above or below (circle one) I	and surface Date measured: 5/13		
If a flowing well, method of flow regulation: ValveO Static Water Level:feet above or below (circle one) I Method of Measurement (circle one)steel tape electric tape	and surface Date measured: 5/13 air line other:		
If a flowing well, method of flow regulation: ValveO Static Water Level:feet above or below (circle one) I Method of Measurement (circle one)steel tape electric tape Well depth: Well grouted to a depth of feet Type	and surface Date measured: 5/3 air line other: of grout (circle one): Neat Cement Bentonite Mix		
If a flowing well, method of flow regulation: ValveO Static Water Level:feet above or below (circle one) I Method of Measurement (circle one)steel tape electric tape Well depth: Well grouted to a depth offeet Type Casing length: feet Casing diameter:	and surface Date measured: air line other: of grout (circle one): Neat Cement Bentonite Mixinches Type of casing:		
If a flowing well, method of flow regulation: ValveO Static Water Level:	air line other: of grout (circle one): Neat Cement Bentonite Mixinches Type of casing:		
If a flowing well, method of flow regulation: ValveO Static Water Level:feet above or below (circle one) I Method of Measurement (circle one)steel tape electric tape Well depth: Well grouted to a depth offeet Type Casing length: feet Casing diameter:	air line other: of grout (circle one): Neat Cement Bentonite Mixinches Type of casing:		
If a flowing well, method of flow regulation: ValveO Static Water Level:	air line other: of grout (circle one): Neat Cement Bentonite Mix inches Type of casing: inches Type of screen: 70 feet to		
If a flowing well, method of flow regulation: ValveO Static Water Level:	air line other: of grout (circle one): Neat Cement Bentonite Mix inches Type of casing: inches Type of screen: 70 feet to		
If a flowing well, method of flow regulation: ValveO Static Water Level:	air line other: of grout (circle one): Neat Cement Bentonite Mix inches Type of casing: inches Type of screen: 70 feet to 10 feet reamed Telescoped Open hole Natural Development		
If a flowing well, method of flow regulation: ValveO Static Water Level:	air line other: of grout (circle one): Neat Cement Bentonite Mix inches Type of casing: inches Type of screen: Description of the screen o		

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BY: OLWR

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The	cketch	helow	only	required	for	water	wells
1116	SKELLIL	DELUN	VILLY.	require	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	77 14001	77 0 000

If well telescopes, show depths on sketch.

Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAV	0	123
RIVE CLAY AFIRESAND	/2	43
CONUSE EDWA	1/2	110
+ GRAIR!		1
- CONTRACT		
		1
		1
		
		
		1
		<u> </u>

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 permanaid in locating the well; 3) any roads, power lines, or other items that may 4) a north arrow.	nent structures on the property that may aid in locating the property and the well;
4) a north arrow. Dwell Rhoer Rhoe	r.P.
pains No 3 Huy	MALY
	RECEIVED AUG 2 5 2005
Landowner Name:	BY: OLWR

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Print Name of Responsible Licensee and License No.

Date

JUN 0 3 25 Enature of Licensee

JUN (

BY: OLWR

BY: OLWA

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County QUITMAN
Permit #: 4006 Mississippi Department of Environmental Quality Driller: HOUSTON PAILING Office of Land and Water Resources P.O. Box 10631 Date completed: Jackson, MS 39289-0631 (601)961-5210

For Office Use Only:	
Aquifer:	
Well #:	
Elevation:	

(601)354-6938 (fax)

This report must be prepared by the pump installer in installation of pump. A copy of Part 1 of this report mu	detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Charlotte McPheekers	Latitude: 34° 18,35" Longitude: 90° 15, 75W
Mailing Address: 1255 North Basin Line	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Saraseta R 34242 City State Zip Code	¼¼ Sec\\Twn_Z8^\(\mathcal{N}\) Rng\(\mathcal{W}\)
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>C62</u>) 444 - 8531	Miles of
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: 7-28-05	Setting Depth:feet
Rated Pump Capacity: 3000 Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	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	
and the second s	of my knowledge
I HEREBY CERTIFY that the above statements are true to the be	DECEIVED
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump installer

AUG 2 5 2005

BY: OLWR