· · · · · · · · · · · · · · · · · · ·	State Well Report			
County: Quitman	Part 1	For Office Use Only:		
Permit #: 66443521	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer: <u><u>6</u><u>140</u></u>		
Driller: Willie Bryant	P.O. Box 10631	· Well #:		
Date drilling completed: 9-13-09	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:		
	(601)354-6938 (fax)	E-log #:		
State Law requires that this repor 30 days of completion of drilling o	t be prepared by the driller in detail and filed a	with the Department within		
Well Owner Information	on We	Il Location		
Owner Name Mike Dill	Latitude: 34 . 13 . 54	" Longitude: 090 20 . 54 "		
Mailing Address: 3815 Winch	ester Rd. Method of Lat/Long (circle of	ne): Conventional Survey,		
Memphis TN	138118 USGS quad, Hand-hel	d GPS Survey-grade GPS		
		Twn 27 N/ Rng W		
City State	, ,	Nearest Town		
Telephone No. (901) 827-938	bistance Direction <u><u><u></u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	of MarKS		
	Well Data			
Purpose of Well (circle one) Home Indus	strial Public Supply Irrigation Fish Culture	Other: Duck And		
Date well drilling started: 9-13-09	2 Date well drilling completed:	-13-09		
	e Other (describe)			
Static Water Level:feet abov	ve or below (circle one) land surface Date measured:	9-19-09		
	el tape electric tape air line other: _			
4	h: /00 Well grouted to a depth of			
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 60 feet Casing	diameter:inches Type of casing:	PVC		
	n diameter: inches Type of screen: _			
Screen slot size: <u></u>				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
	Other (describe):			
Top of lap pipe or reduction in casing:	-0feet. If telescoped 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):				
	cted, and completed in accordance with all applicable d/or the Mississippi Department of Health regulation			
Willie L. Bry ant	0-639 Wille	R. Bujant		
Print Name of Water Well Contractor and Li	icense No. Signature of	of Water Well Contractor		
		RECEIVED		
		OCT 0 9 2009		
		BY: OLWR		

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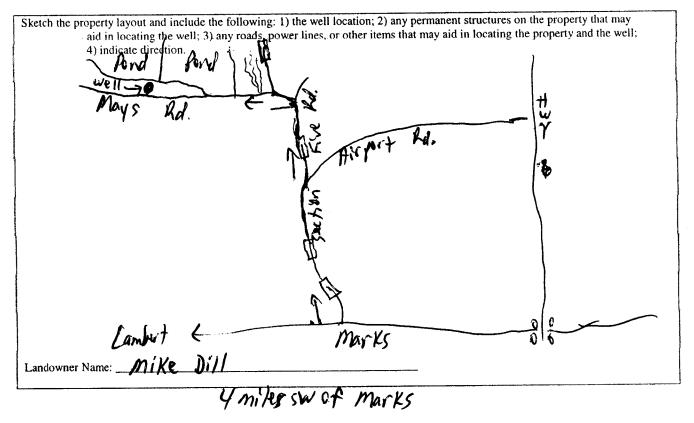
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If well telescopes please sketch below and show depths.

6 140

Ground Level 6W43521	Description of Formations Encountered	From	To
	Med & Charse Sand	10	20
	Coarse sand	40	60
	orave/	80	30
	grave	80	100
		_	
		-	+
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			1
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If more than one screen, show location of each on sketch



Wille Z. Byant Signature of Water Well Contractor

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County: Quitman Permit #: 60043521 Driller: Willie Bryant Date completed: 9-19-09	For Office Use Only: Part 2 Installer's Completion Report Department of Environmental Quality For Office Use Only: Aquifer:			
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.				
Welt Owner Information Owner Name: <u>Mike Dill</u> Mailing Address: <u>3815</u> <u>Winchester Ra</u> <u>Memplus TN 3811</u> City State Zip Con Telephone No. (<u>901)</u> 827-9386	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS			
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 Wel	1 Windmill Other (specify):			
Other (specify);	Horse Power Rating of Motor:			
Date Pump Installed: <u>9-19-09</u>	Setting Depth:feet			
Rated Pump Capacity: <u>358</u> Gallons Per M	linute Number of Stages:			
Pump Test Data Date Well Tested: 9-19-09 Static Water Level (A): 18 'Feet Below Land Su Pumping Water Level (B): 28Feet Below Land Su Drawdown [(B) - (A)]: 10Feet Below Land Su Test Pumping Rate: 325Gallons Per M Duration of Pump Test (minimum 4 hours): 5h	other (specify): Kape + weight orface For flowing well, measured shut in head: inute Well yielded			
I HEREBY CERTIFY that the above statements are true to Willie L. Bryant 0-639				

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

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Signature of Pump Installer

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