Stranger a
garage.
(
S

THE PERSON	County: QUITHAN	
THE PERSONS	Permit #: GW 44601	
EDITOR STATE	Driller: J. NEWCOME 0.773	
X27774E	3-31-11	

State Well Report

Part 1

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:		
E-log #:		

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 Information	34 Well Location	
OWDER NASTRE LM Green III	Latitude: 3 · 10 · 01 " Longitude: 90 · 11 · 53"	
Mailing Address: 3230 Shime turner RO	Method of Lat/Long (circle one): Conventional Survey,	
•	USGS quad Hand-held GPS Survey-grade GPS	
Lambert MS 38643	NE 45N 4 Sec 33 Twn 27N Rng IE	
City State Zip Code	Distance Direction Nearest Town 5.5 Miles EAST of LAGENT	
Telephone No. ()	3.5 Miles CAN OI	
Well	Data	
§	į	
Purpose of Weil (circle one) Home Industrial Public Supply	Imigation Fish Culture Other.	
Date well drilling started: 3-31-11 Date		
If flowing, method of flow regulation: Valve Other ((describe)	
Static Water Level:feet above or below (circle one)	land surface Date measured.	
Method of Messurement (circle one) steel tape electric tap	e air line other:	
Hole depth: 93 Well depth: 90 Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mi	x	
Casing length: 50 feet Casing diameter: 16	inches Type of casing:	
Screen length: 40 feet Screen diameter: 16	inches Type of screen:	
Screen slot size: OSO inches Setting depth: From	1 50 feet to 90 feet	
Type of completion (circle all applicable): Gravel packed Unc		
Other (describe):		
Top of tap pipe or reduction in casing:feet. If	f telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable) No log run Electric Gamma R	ay Density Sonic Neutron Other:	
Name of organization running log(s):	21. Il amplicable requirements of the Mississinni	
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.	
JOHN NEWCOME 0.773	Joh Newco	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Pump instalted by Circle 5 Irr./Clarisdake Mail copy to them If well telescopes please sketch below and show depths.

Ground Level	
	50 LF 16" SASING
	4DLF 16" scrand

Description of Formations Encountered	From	To
TOP SOIL	10	Tin
CLAY	10	38
CARISE SAND GRANET	2	50
CARICSE SAND GRANGI	3	an
Battorn	a K	03
	 '	17
	 	
	 	
	 	
	 	
	 	
,	 	-
16	 -	├
	 	
	 	
	 	
	 	
		ļ
	 -	
	<u> </u>	
	<u> </u>	
	L	

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

CIA-L AL	
oxere me on	MCTEV 20011 and include the following: 1) the well location: 2) any permanent et al.
	operty layout and include the following: 1) the well location; 2) any permanent structures on the property that may
	and in the second of the secon
	aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;
	and the property and the well;
	4) isdicate direction
	·; melodio unicodon.
	4) indicate direction.

SEE MAP

Landowner Name:

Signature of Water Well Contractor



APR 2 8 2011

BY: OLWR

For Office Use Only:

Permit#: 6w-4960/ Driller: 6h.cot Irrigation Date completed: 3-31-11 Date completed: 3-31-11	and Water Resources Box 2309 n, MS 39225 Aquifer: M 6/ Well #:	
(60)	.)961-5210 61-5228 (fax) Elevation:	
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	contractor or a licensed pump installer. A copy of Part I of the	
Well Owner Information	ر م ۱. Well Location 1. الله	
Owner Name: LM GREEN TIT	Latitude: 3/0 9, 5/2" Longitude: 900 /1, 58.5"	
Mailing Address: 3230 Shinkhine Rd	Method of Lat/Long (check one): Conventional Survey,	
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS NE_1/4 NE_1/4 Sec_33 T_27N R_1E Distance Direction Nearest Town	
Telephone No. 643 934 - 2659	3.7 Miles W of Crowder	
Pump Type	Power Type	
Circle one	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: 4-25-11	Setting Depth: 70 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	
Static Water Level (A):Feet Below Land Surface	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface	emor (openity).	
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 Form: OLWR-SWR-1B (04/08)		

STATE WELL REPORT

Part 2

County: _