PAT PAKEN **State Well Report** For Office Use Only: Part 1 SHARKEY Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Well #: 1773 P.O. Box 10631 Driller: JOHN MEWCOME O Jackson, MS 39289-0631 L. S. Elevation: Date drilling completed: 7-09-00 (601)961-5210 (601)354-6938 (fax) 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 Location Well Owner Information Latitude: 33 · 61 · 58" Longitu 20 · 49 · 17" Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad Hand-held GPS Survey-grade GPS Direction Nearest Town NE ANWY ATTIM Well Data Industrial Public Supply (Irrigation) Fish Culture Purpose of Well (circle one) Home Date well drilling completed: Other (describe) If flowing, method of flow regulation: Valve \_\_\_\_ \_\_feet above or below (circle one) land surface Date measured: Method of Measurement (circle one) electric tape air line steel tape Hole depth: \_\_\_ Well depth: \_ Well grouted to a depth of \_ Type of grout (circle one): ( Bentonite Mix Cement Casing length: Type of casing: Casing diameter: \_ inches Screen diameter: inches Type of screen: Screen slot size: 050 Setting depth: From 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:

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.

Name of organization running log(s):

Print Name of Water Well Contractor and License No.

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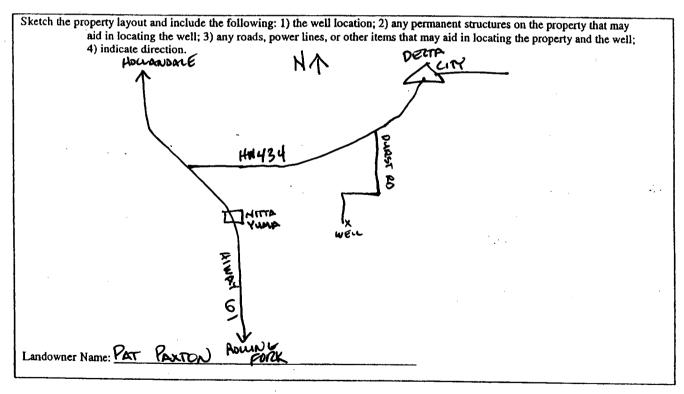
Signature of Water Well Contractor

HUL TRYME By Olvyr

Ground Level		
25' 10'screen	10" QASING — 85"	
	1	

Description of Formations Encountered	From	То
Top Sail	0	10
MIX CIAY	10	30
Fine Sand	30	PS
COABE Sand-gravel	85	113
. 17		

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



Signature of Water Well Contractor

## STATE WELL REPORT Part 2 Permit #: \_\_\_\_\_\_\_

Date completed: 7-09-06

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 U	Jse Only:
Aquifer:	
Well#: A-	26
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	Well Location	
Owner Name: HARRY PATTON TIT	Latitude 33-0/-58 Longitud 290-49-17	
Mailing Address: R+1 Box 223 N	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
ANGUILLA MS. City State Zip Code 3872 / Telephone Nda62 873-2757	SW 1/2 SE 1/4 Sec 21 Twn 14N Rng 6W	
State Zip Code 3672/	Distance Direction Nearest Town	
Telephone Nda 62 873-2757	2 Miles NE of NITTA Y UMA	
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: 2-12-66	Setting Depth:	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
P		
Pump Test Data  Date Well Tested:	Method of Measuring Water Level Circle one	
Static Water Level (A) Leet 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	
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer		

JUL 18 2006 BY: OLWR