1/]
HARKEY	
47335]
Aller J. HEWIOME 0.773	
Date drilling completed: 12-12-07	

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.		
Well #:		
L. S. Elevation:		
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.	TYLII Y a 44-m
Well Owner Information	Well Location
Owner Name Donald PHillips	Latitude: 33 · 00 · 23.9 Longitude 096 · 47 · 24.1
2599 SULLELANDER RIVER	Method of Lat/Long (circle one): Conventional Survey,
**************************************	USGS quad, Hand-held GPS Survey-grade GPS
D. 1100 Fray Me 39159	SE 14 NW 14 Sec 2 TWN 13N RNg 6W
City State Zip Code	N Town
(1) 2 - 1/22 9/12	Distance Direction Nearest Town 2.5 Miles NEof ANGUIUA
Telephone G. 62) - 423 - 9660	<u></u>
Αλ 6Π	Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: 12-17-07 Date	well drilling completed: 12-12-07
If flowing, method of flow regulation: Valve Other	
Static Water Level:feet above or below (circle one) land surface Date measured:
Method of Measurement (circle one) steel tape electric tap	oe air line other:
Hole depth: 103 Well depth: 100	Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonite Mi	x
Casing length: 60 feet Casing diameter: 16	inches Type of casing:
Casing lengur. Casing diameter.	- Aur
Screen length: 40 feet Screen diameter: 16	inches Type of screen:
Screen slot size: 050 inches Setting depth: From	n 60 feet to 100 feet
Type of completion (circle all applicable): Gravel packed Uni	
Other (describe):	
Top of lap pipe or reduction in casing:feet. I	f telescoped or more than one screen, describe on back of page
Logs run (circle all applicable) No log run Electric Gamma I	Ray Density Sonic Neutron Other:
Name of organization running log(s):	A. CA. W. dadada
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.
T	CON MEDIA
JOHN NEWCOME 0-113	Signature of Water Well Contractor
Print Name of Water Well Contractor and License No.	- Signature of water wen contractor

FEB 01 2003

42335

YMD JOINT WATER
MANAGEMENT DISTRICT

County: SHARKEY Permit # C(E(1) 335 Driller: J. NEWLOME 0773 Date drilling completed: 12-12-07

State Well Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
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For Office Use Only:
Aquifer:
Well #:
L. S. Elevation:
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.

30 days of completion of drilling of the well.	
Well Owner Information	Well Location
	Latitude: 33 ° 00 '23.9 Longitude 096° 47 '24.1
Mailing Address: 3599 SUNFLOWER RIVER	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS Survey-grade GPS
Pour No Fork Ms 39159 City State Zip Code Telephone (8.62) - 423 - 9660	SE 1/4 NW 1/4 Sec 2 Twn 13N Rng 6W
Telephone 68.62) - 423 -9660	Distance 2.5 Miles Direction Nearest Town ANGULA
Well	
Purpose of Well (circle one) Home Industrial Public Supply	
Date well drilling started: 12-17-07 Date	well drilling completed: 12-12-0-1
If flowing, method of flow regulation: Valve Other (c	describe)
Static Water Level:feet above or below (circle one)	land surface Date measured:
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 103 Well depth: 100	Well grouted to a depth offeet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 60 feet Casing diameter: 16	,
Screen length: 40 feet Screen diameter: 16	inches Type of screen:
Screen slot size: 050 inches Setting depth: From	
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one screen, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma Ra	y 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 De	epartment of Health regulations and state laws.
JOHN NEWCOME 0-773	John Neware
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Description of Formations Encountered	From	То
Description of Formations Encountered	0	10
MIX CIAY	10	3P
Fine SANd	38	60
CoAuse Sand	60	100
Rock's	100	103
		┼
		1-
		+

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

	A) and the state of the property that may
Sketch the property layout and include the following: 1) the well location	; 2) any permanent structures on the property that may
aid in locating the well; 3) any roads, power lines, or other 4) indicate direction.	items that may aid in locating the property and the well;
A) in the standard and	PLANT
4) indicate direction.	70 00
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Landowner Name:	
	TO ROLL NO BOOK

Signature of Water Well Contractor

STATE WELL REPORT

Date completed: 12-12-07

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 #: _	C	- 16	28	
Elevation	·			

	3330 (223)
This report should be prepared by the pump installer in detainstallation of pump.	and filed with the Department within 30 days of the
Well Owner Information	. Well Location
Owner Name: DONALD PHILLIPS	Latitud 3 -00 -23. 4 ongitude 090 -47 - 24.
Mailing Address: 3599 Sun Flower Kuee F	Method of Lat/Long (circle one): Conventional Survey,
D 0 = 1. 11. 39159	USGS quad, Hand-held GPS, Survey-grade GPS
Kow: NO Foak, Ms. 39159 City State Zip Code	SE 1 SW 1/4 Sec 2 Twn 3N Rng 6W
	Distance Direction Nearest Town
Telephone No. (4/23 - 4/23 - 9640	25 Miles NE of A NQUILA
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: 12-16-07	Setting Depth: 70feet
Rated Pump Capacity: Soco Gallons Per Minute	Number of Stages: 1-Stage 14
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one
Static Water Level A: The Foundation of the State Stat	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 o	f my knowledge.
TIEN NOWE " (10-V	

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

BY OLWA