State W	all Deport	
	ell Report	For Office Use Only:
County 2 /// 1	Part 1 Mississippi Department of Environmental Quality Aquifer:	
Permit #: Office of Land a	Office of Land and Water Resources $K^2 = 29$ Well #: $K^2 = 29$	
	P.O. Box 10631	
Jackson, W	Jackson, MS 39289-0631 L. S. Elevation:	
	(601)961-5210 (601)354-6938 (fax)	
(001)55-	4-0930 (lan)	E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.		
Well Owner Information	89 · Wel	I Location
Owner Name Wayne Mchellen	Latitude 3/ ,	_" Longitude: 33.57"
Mailing Address: 891SCR 85E	Method of Lat/Long (circle o	ne): Conventional Survey,
	USGS quad, Hand-held	I GPS, Survey-grade GPS
Mize M5 39116 City State Zip Code	NW 14 NW 14 Sec 3	86
Telephone No. (401) 733 5415	Distance Direction	of Kallegn
Well	LData	-
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: $\frac{4-8-06}{2}$ Date		
If flowing, method of flow regulation: Valve Other (or	lescribe)	(Contractor of the
Static Water Level: 167 feet above or below (circle one)	land surface Date measured:	4-8-06
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 245 Well depth: 245	Well grouted to a depth of	/ O feet
Type of grout (circle one): Cement Bentonite Mix		
Casing length: <u>225</u> feet Casing diameter: <u>4</u>	inches Type of casing:	PUC
Screen length: <u>20</u> feet Screen diameter: <u>4</u>	inches Type of screen: _	PUC slotted
Screen slot size: 1010 inches Setting depth: From	225 feet to	245 feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Oper	hole Natural Development
Other (describe):		
\frown		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):		
I certify that the well was drilled, constructed, and completed in a		
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations	s and state laws.
DAvid A West 0-672	Du	DA.Wa
Print Name of Water Well Contractor and License No.	Signature o	f Water Well Contractor

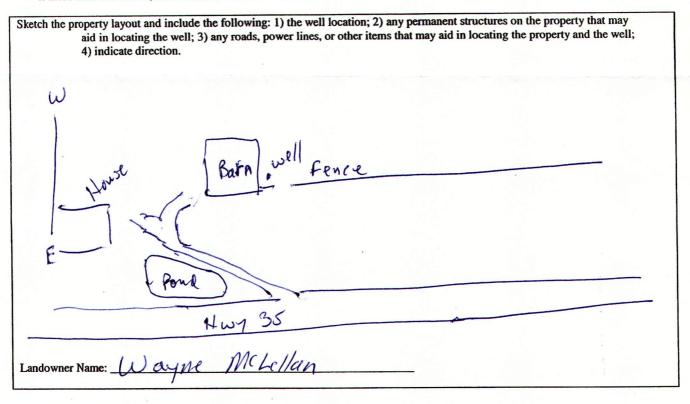
RECEIVED MAY 0 5 2006 BY: OLWR J If well telescopes please sketch below and show depths.



	Description of Formations Encountered	From	То
	Top Soil	0	1
	SAND	08	38
-	CLAY + STANDSTONE SAND,	191	site
-	SAND,		770
-			
-			
F			
-			
-			
- F			
F			
			-
-			
F			

1-29

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



Signature of Water Well Contractor

MAY 0 5 2006 BY: OLWR

County: Smith Permit #: Driller: Ray U.West Drilly Date completed: <u>4-10-06</u> This report should be prepared by th	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) e pump installer in detail and filed with the Depart	Well #: 129 Elevation:
installation of pump. Well Owner Informat	ion	Well Location
Owner Name: $Wayne MCA$ Mailing Address: $89/SCR$ Milling Million MS City State Telephone No. (601) 733-54	SE Method of Lat/Long (circular USGS quad, 39/16 Zip Code Distance	Longitude: $33^{\circ} 57'$ cle one): Conventional Survey, T M H Hand-held GPS, Survey-grade GPS c_{31} Twn $2N$ Rng 15ω 8ϵ ion Nearest Town of Ra)iegh
Pump Type Circle one		Power Type Circle one
Air Lift Jet Bucket Piston		asoline Engine Natural Gas Hand Tractor PTO
Centrifugal Rotary Other (specify):	Horse Power Rating of N Setting Depth:	
Pump Test Data		of Measuring Water Level Circle one
Date Well Tested:Feet Static Water Level (A):Feet Pumping Water Level (B):Feet	Below Land Surface Air Line Electric Other (specify):	c Measuring Line Steel Tape
Drawdown [(B) – (A)]:Feet		red shut in head:feet GPM with a drawdown of

MAY 0 5 2006 BY: OLWR