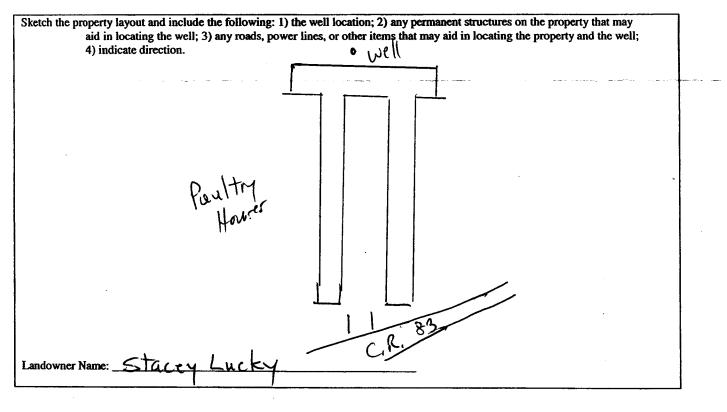
	State W	ell Report	For Office Her Only
county: Smith	Part 1		For Office Use Only:
		t of Environmental Quality	Aquifer
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #: <u>N-33</u>
Driller: Koy U. West Drg	Jackson, N	AS 39289-0631	L. S. Elevation:
Date drilling completed: <u>11-17-04</u>	(601)961-5210 (601)354-6938 (fax)		E-log #:
ay West Water Well R	selling, and		
Drate Davi requires mue ans rep-	ore he burbar of and	driller in detail and filed w	vith the Department within
30 days of completion of drilling Well Owner Informa		Wel	I Location
Owner Name Stacey Luc	ky	Latitude: <u>89.31.</u>	_" Longitude: <u>31•54'</u> "
Mailing Address: 159 C. R.	\$3'	Method of Lat/Long (circle o	ne): Conventional Survey,
		USGS quad, Hand-held	I GPS, Survey-grade GPS
<u>Mize</u> City Sta	<u>15 39// (6</u> nte Zip Code	SW 14 NE14 Sec_3(Twn IN Rng TSW
Telephone No. (40) 733-9	•	Distance Direction	Nearest Town of <u>M12E</u>
	Well	Data	-
Purpose of Well (circle one) Home Inc	hetrial Dublic Supply	Injection Eich Culture	other Poultry Frish
			I
Date well drilling started:	<u> </u>	well drilling completed: _//_	-//-09
If flowing, method of flow regulation: Va	lve Other (describe)	
Static Water Level: 102_feet a	bove or below (circle one)	land surface Date measured;	11-17-04
	teel tape (electric tap		ang ta ang ta ang ta ang ta ang taon taon taon taon taon taon taon taon
		/	
Hole depth: 186 Well de	pth: <u>86</u>	_ Well grouted to a depth of	/Ofeet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: <u>176</u> feet Casi	ing diameter:	inches Type of casing:	PUC
Screen length: 10 feet Scr	een diameter; 4	inches Type of screen:	•
U			
Screen slot size: <u>010</u> inches	Setting depth: From	176 feet to 10	<u>flo</u> feet
Type of completion (circle all applicable):	Gravel packed Unde	rreamed Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If t	elescoped or more than one sc	reen, describe on back of page
Logs run (circle all applicable): No log ru	n) Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):			_
I certify that the well was drilled, constr			
Department of Environmental Quality a	und/or the Mississippi De	partment of Health regulation	s and state laws.
DAVID A ()at	0-1072	\int	DAIL
Print Name of Water Well Contractor and			Wetter Well Control
TIME INALISE OF WALCE WELL CONTRACTOR AND	LICCHSC INO.	Signature o	f Water Well Contractor

(129)

If well telescopes please sketch below and show depths.

Ground Level W-33	Description of Formations Encountered	From T	0
	SANDY CLAY	-101	12
	JAND	17 11	56
	·····		-+
			
			<u></u>

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



Signature of Water Well Contractor

RECEIVED DEC 11 2004 BY: OLWR

County:SmithPump InstancePermit #:Mississippi DepaDriller:Dary U. U.2. f D.2 f Date completed: $1/-19-0.9$ (6)	WELL REPORT Part 2 For Office Use Only: Aquifer: Mell #: N-33 Elevation:
installation of pump.	detail and filed with the Department within 30 days of the
Well Owner Information Owner Name: <u>Stacey Lucky</u> Mailing Address: <u>159 CR 83</u>	Well Location Latitude: 9'3 Longitude: 3'54' Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Mize M5 3911 City State Zip Code Telephone No. ((001) 733 - 9152	$\frac{SW \ 4 \ NE \ 4 \ Sec \ 30 \ Twn \ M \ Rng \ ISU}{Distance \ Direction \ Nearest \ Town}$
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: $11 - 19 - 04$ Rated Pump Capacity: 19 Gallons Per Minut	Setting Depth:feet
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Drawdown [(B) ~ (A)]:Feet Below Land Surfac	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minut	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hour	sfeet afterhours of pumping
	sfeet afterhours of pumping

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