

SMITH CO.  
 Permit #: \_\_\_\_\_  
 Driller: JR Parker  
 Date drilling completed: 4-5-07

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)

Aquifer: \_\_\_\_\_  
 Well #: N-44N-40  
 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.

Well Owner Information	Well Location
Owner Name: <u>CHARLES EASTMAN</u>	Latitude: <u>31° 56' 36"</u> Longitude: <u>89° 26' 57"</u>
Mailing Address: <u>1270 SCR Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>RAleigh MS.</u>	1/4 1/4 Sec <u>11</u> Twn <u>1N</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 782-4738</u>	<u>8</u> Miles <u>SOUTH</u> of <u>RAleigh</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: CHICKENHOUSES

Date well drilling started: 4-4-07 Date well drilling completed: 4-5-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 0 feet above or below (circle one) land surface Date measured: 4-6-07

Method of Measurement (circle one) steel tape electric tape air line other: DRILL PIPE

Hole depth: 220' Well depth: PAWD A Hole Well grouted to a depth of TOP TO BOTTOM feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 0 feet Casing diameter: 0 inches Type of casing: 0

Screen length: 0 feet Screen diameter: 0 inches Type of screen: 0

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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: \_\_\_\_\_

Name of organization running log(s): STATE

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.

JOHNY R. PARKER  
 Print Name of Water Well Contractor and License No.

Johny R. Parker  
 Signature of Water Well Contractor

RECEIVED  
 DEC 21 2007  
 BY: OLWR

If well telescopes please sketch below and show depths.

N 44

Ground Level

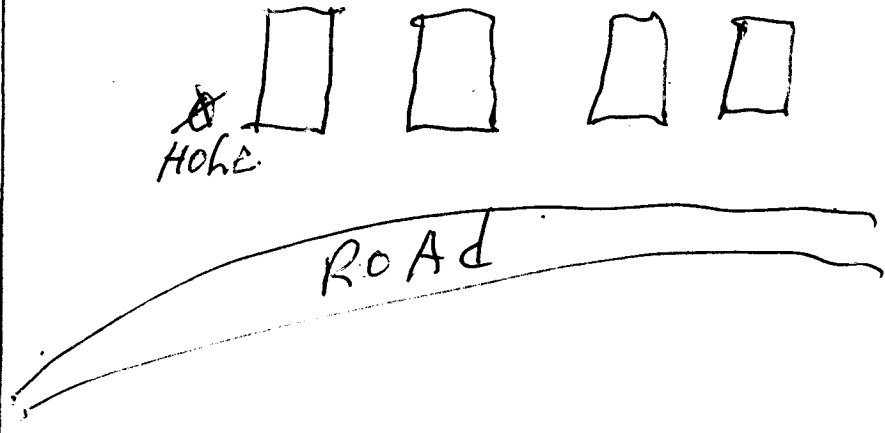
Large empty rectangular area for sketching well telescopes and depths.

Description of Formations Encountered	From	To
CLAY SAND	0	50
CLAY	50	100
SAND CLAY	100	150
CLAY	150	220

N-40

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

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 items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: \_\_\_\_\_

*John R. Park*  
Signature of Water Well Contractor

RECEIVED  
DEC 21 2007  
BY OLWR

County: SMITH CO  
 Permit #: \_\_\_\_\_  
 Driller: JR Parker  
 Date completed: 4-5-07

**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 #: N 44 N-40  
 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: <u>CHARLES EASTLAND</u>	Latitude: <u>31 56 36</u> Longitude: <u>89 26 57</u>
Mailing Address: <u>1270 SCR. 80</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>RALEIGH MS.</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>1N</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 782-4738</u>	<u>8</u> Miles <u>SOUTH</u> of <u>RALEIGH</u>

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): <u>NO WATER</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>NONE</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>PLUG WELL</u>	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	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JOHN R. PARKER  
 Print Name of Pump Installer and License No. (if applicable)

John R Parker  
 Signature of Pump Installer

RECEIVED  
 DEC 21 2007  
 BY: OLWR