<b>ب</b>		Vell Report	For Office Use Only:	
	County: Mississippi Departmen	Sm; + A Part 1 Mississippi Department of Environmental Quality Aquifer:		
	$\overline{1}$ \overline	Box 10631	Well #: <u>P- 42</u>	
		MS 39289-0631 )961-5210	L. S. Elevation:	
	Date drilling completed: <u>10-000</u> (601)35	Date drilling completed: $12 - 30^2 05^-$ (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.			
1	Well Owner Information		l Location	
	Owner Name Brandon Koehn	Latitude:''	_" Longitude:°'	
	Mailing Address: Hay 28	Method of Lat/Long (circle or	ne): Conventional Survey,	
	Mize MS	1 .	d GPS, Survey-grade GPS	
I		14 14 Sec4		
	City State Zip Code	Distance Direction	Nearest Town of Mize	
	Well Data         Well Data         Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: $Pole Hry Farm$ Date well drilling completed: $12 - 30 - 05$ Date well drilling completed: $12 - 30 - 05$ If flowing, method of flow regulation: Valve Other (describe)         Static Water Level: $20$ feet above or below (circle one) land surface Date measured: $12 - 30 - 05$ Method of Measurement (circle one) steel tape electric tape air line other:         Hole depth: $140$ Well depth: $130$ Well grouted to a depth of $50$ feet         Type of grout (circle one): Cement Bentonite Mix         Casing length: $110$ feet Casing diameter: $4$ inches Type of casing: $PVC$			
	Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC S/offic</u>			
	Screen slot size: <u>e 010</u> inches Setting depth: From <u>110</u> feet to <u>130</u> feet			
		• •	n hole Natural Development	
	Other (describe):			
	Print Name of Water Well Contractor and License No.	Signature of	f Water Well Contractor	
	L	V	RECEIVED	
			AN 27 2006	
		* -	BY: OLWR	
			BLOLWIN	

If well telescopes please sketch below and show depths. Ground Level Description of Formations Encountered From 0 ran dy o lav 10 Sand 70 4 strids 84 sanc Cla 130 -۰. 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. Water Weil 2.4 Traiker house Hwy 78 Kock Landowner Name: randon Z, Signature of Water Well Contractor

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JAN 27 2006	STATE WE	CLL REPORT			
Well Over Taformation         Well Over Taformation         Owner Name: Briand Construction         Biling Address:       Hw       20         Mailing Address:       Hw       20         Mailes:       20       Carled one         Telephone No.       State       Zip Code       Distance         Pump Type       Curcle one       Other Carle one       Distance         Miles:       21       Of       Miles:       Mailes:         Bucket       Piston       Turbine       Dissel Engine       Natural Gas         Bucket       Piston       Turbine       Electric Motor:       J         Date Pump Installet:       1/2 C - 0/2       Station Mater Level (A):       Z/2       <	County:     Sin ; fh     Pump Installer's       Permit #:     Mississippi Departmen       Driller:     John W Thanpran     P.O. E       Jackson, M     Jackson, M	a Completion Report       For Onice Oscionity:         t of Environmental Quality       Aquifer:         and Water Resources       Mell#:         30x 10631       Well#:         961-5210       Floration:			
Owner Name:       Bit and Con	This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the				
Mailing Address:       H.y. 28'         Miling Address:       M.y. 28'         Miling Address:       M.y. 28'         Miles       M. 20         City       State         Zip Code       J. 4'' U.SGS quad, Hand-held GPS, Survey-grade GPS	Well Owner Information	Well Location			
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Owner Name: Brandon Koehn	Latitude: Longitude:			
	Mailing Address: Hay 28				
City       State       Zip Code         Telephone No. (	Mize MIS				
Distance       Direction       Nearest Town         3_Miles       2_of       Airest         Pump Type Circle one       Power 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):		<sup>1</sup> /4 <sup>1</sup> /4 Sec Twn_ <u>10</u> /1 Rng <u>162/</u>			
Pump Type Circle one       Power Type Circle one         Air Lift       Jet       Submersible         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	City State Zip Code	Distance Direction Nearest Town			
Circle one       Circle one         Air Lift       Jet       Submersible         Bucket       Piston       Turbine         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	Telephone No. ()	_3_Miles_2/ of Mize			
Circle one       Circle one         Air Lift       Jet       Submersible         Bucket       Piston       Turbine         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	Pump Type	Power Type			
Bucket       Piston       Turbine         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):					
Centrifugal       Rotary       Flowing Well         Other (specify):	Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Other (specify):	Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Date Pump Installed:       1-20-06       Setting Depth:       Setting Depth:       feet         Rated Pump Capacity:       55       Gallons Per Minute       Number of Stages:	Centrifugal Rotary Flowing Well				
Rated Pump Capacity:       55       Gallons Per Minute       Number of Stages:         Pump Test Data       Method of Measuring Water Level       Circle one         Date Well Tested:       12-30-05       Air Line       Electric Measuring Line       Steel Tape         Static Water Level (A):       20       Feet Below Land Surface       Other (specify):       Gene       Steel Tape         Drawdown [(B) - (A)]:       16       Feet Below Land Surface       For flowing well, measured shut in head:       feet         Duration of Pump Test (minimum 4 hours):       4       hours       16       feet after       hours of pumping         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       John       U       Jenn Son       0-679       Jan Mathom         JAN 2 7 2006					
Pump Test Data       Method of Measuring Water Level         Date Well Tested: $12-30-05$ Static Water Level (A): $20$ Feet Below Land Surface       Electric Measuring Line         Drawdown [(B) - (A)]: $16$ Feet Below Land Surface       Other (specify):         Drawdown [(B) - (A)]: $16$ Feet Below Land Surface       For flowing well, measured shut in head:         Drawdown [(B) - (A)]: $16$ Feet Below Land Surface       For flowing well, measured shut in head:         Drawdown [(B) - (A)]: $16$ Gallons Per Minute       Well yielded         Duration of Pump Test (minimum 4 hours): $4$ hours $16$ feet after       hours of pumping         I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $16$ $John$ $1-679$ $4600$ $John$ $1-679$ $4600$ Print Name of Pump Installer and Ligense No. (if applicable)       Signature of Pump Installer         JAN 2.7 2006       JAN 2.7 2006	Date Pump Installed: 1-20-06	Setting Depth:feet			
Date Well Tested: $12-30-05$ Static Water Level (A): $20$ Feet Below Land Surface Pumping Water Level (B): $3L$ Feet Below Land Surface Drawdown [(B) – (A)]: $16$ Feet Below Land Surface Test Pumping Rate: $100$ Gallons Per Minute Duration of Pump Test (minimum 4 hours): $4$ hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $J_{Ohn}$ $2L$ $L_{form}$ $5m$ $0-679$ Print Name of Pump Installer and Ligense No. (if applicable) Signature of Pump Installer and Ligense No. (if applicable) JAN 2 7 2006	Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages:			
Date Well Tested: $12-30-05$ Static Water Level (A): $20$ Feet Below Land Surface Pumping Water Level (B): $36$ Feet Below Land Surface Drawdown [(B) – (A)]: $16$ Feet Below Land Surface Test Pumping Rate: $100$ Gallons Per Minute Duration of Pump Test (minimum 4 hours): $4$ hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. John 21 $formula formula formula$	Pump Test Data Method of Measuring Water Level				
Static Water Level (A):       20       Feet Below Land Surface         Pumping Water Level (B):       36       Feet Below Land Surface         Drawdown [(B) - (A)]:       16       Feet Below Land Surface         Test Pumping Rate:       100       Gallons Per Minute         Duration of Pump Test (minimum 4 hours):       4       hours         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       John 2/       John 2/         John 2/       John 2/       John 2/       John 2/         Print Name of Pump Installer and Ligense No. (if applicable)       Signature of Pump Installer       Signature of Pump Installer	Date Well Tested: 12-30-05	Circle one			
Pumping Water Level (B):       36       Feet Below Land Surface         Drawdown [(B) - (A)]:       16       Feet Below Land Surface         Test Pumping Rate:       100       Gallons Per Minute         Duration of Pump Test (minimum 4 hours):       4       hours         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       John 2/       1/6/20         John 2/       Thomas Son 0       -679       Jan 2/50         Print Name of Pump Installer and Lipense No. (if applicable)       Signature of Pump Installer       RECEIVED         JAN 2 7 2006       JAN 2 7 2006		Air Line Electric Measuring Line Steel Tape			
Drawdown [(B) - (A)]:		Other (specify):			
Test Pumping Rate:       100       Gallons Per Minute         Duration of Pump Test (minimum 4 hours):       4       hours         I HEREBY CERTIFY that the above statements are true to the best of my knowledge.       16       feet after       4         John 2/       Thompson       0-679       John 2/       Thompson       9         Print Name of Pump Installer and Ligense No. (if applicable)       Signature of Pump Installer       RECEIVED         JAN 27 2006		For flowing well measured shut in head:			
Duration of Pump Test (minimum 4 hours): 4 hours 16 feet after 4 hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. John 2/ Thompson 0-679 And Mompson Print Name of Pump Installer and Ligense No. (if applicable) Signature of Pump Installer RECEIVED JAN 27 2006	,				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. John 2. Thompson 0-679 Print Name of Pump Installer and Ligense No. (if applicable) Signature of Pump Installer BECEIVED JAN 27 2006					
John 2/ Thompson 0-679 Print Name of Pump Installer and Ligense No. (if applicable) JAN 27 2006	'				
JAN 27 2006	John 2. Thomason 0-679	Sha W. Thompson			
		JAN 27 2006			
		BY: OLWR			