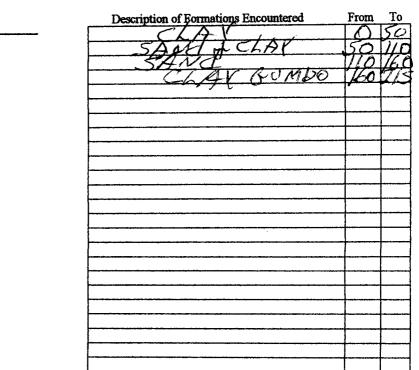
State W	ell Report	For Office Use Only:
county.	Part 1	
	Mississippi Department of Environmental Quality	
Permit #: Office of Land and Water Resources Well #: P-		Well #: 17-85
Driner: - / / - /	ller: JR PORE F.O. DOX 10031	
Date drilling completed: $b - 20 - 0b$ [601)961-5210 L. S. Elevation:		L. S. Elevation:
	(601)354-6938 (fax)	
		E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed w	vith the Department within
Well Owner Information	Well	Location
Owner Name DON GAMBRehh		" Longitude: <u>5 7:23</u> :21 W
Mailing Address: SCR 3	Method of Lat/Long (circle on	e): Conventional Survey,
TALLORSVILLEMS	2	GPS, Survey-grade GPS
City State Zip Code		
Telephone No. ()	Distance Direction	of
🔶 Well I		/ 0
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:		
Date well drilling started: $6 - 18 - 06$ Date well drilling completed: $6 - 22 - 06$		
If flowing, method of flow regulation: Valve Other (d	escribe)	
Static Water Level: feet above or below (circle one)]		
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth:		
Type of grout (circle one): Cement Bentonite		
Casing length: <u>116</u> feet Casing diameter: <u>H</u> inches Type of casing: <u>PUC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
Screen slot size: 008 inches Setting depth: From 16 70136 feet to feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development
Other (describe):	HIR	
	escoped or more than one scre	en, 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):	1e	
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. JOHNKR. PARKER 0-553 May R Parker		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor

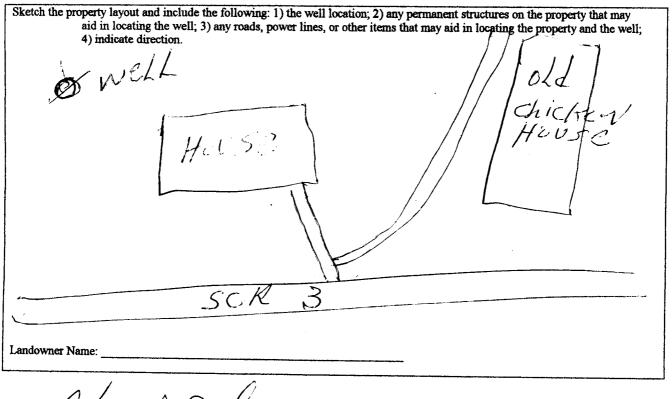
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Ground Level

1



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



- 1

Signature of Water Well Contractor

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STATE WELL REPORT			
Permit #: Mississippi Dep Office of Driller: Portage Date completed: 6-22-06	Part 2 taller's Completion Report partment of Environmental Quality Land and Water Resources P.O. Box 10631 cson, MS 39289-0631 (601)961-5210 601)354-6938 (fax)		
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 Owner Name: DD G G G G G G G G G G G G G G G G G G	Well Location Latitude: 3/4831 Longitude: 8/232 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ¼ ¼ Sec 27 Twn/0 Nag K144 Distance Direction Nearest Town 5 Miles 5. E ofALORSUILLE		
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		
CentrifugalRotaryFlowing WellOther (specify):	Windmill Other (specify): Horse Power Rating of Motor: \square Setting Depth: \square Setting Depth: \square feet Number of Stages: \square		
Pump Test Data Date Well Tested: 6 22 6 Static Water Level (A): 66 Feet Below Land Surfa Pumping Water Level (B): 66 Feet Below Land Surfa Drawdown [(B) – (A)]: 30 Feet Below Land Surfa Test Pumping Rate: 18 Gallons Per Minu Duration of Pump Test (minimum 4 hours): hour	ce Other (specify): ce For flowing well, measured shut in head:feet te Well yieldedGPM with a drawdown of		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge TOMKR PARKER 0.553 physical Research of Pump Installer And License No. (if applicable) Signature of Pump Installer			

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