<1	D	art 1	For Office Use Only:		
County: Stone	Part 1 Mississippi Department of Environmental Quality		Aquifer:		
Permit #:		nd Water Resources	M / 2		
Driller: Michael S. Havard	P.O. Box 10631		Well #: 13 - 60		
Dillier: 1.11Chact 2. 11diate.	Jackson, M	IS 39289-0631	L. S. Elevation:		
Date drilling completed: 10 - 06 - 05		961-5210			
			E-log #:		
Control of the contro					
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 Ted Lewis		Latitude: 30° 50' 17	" Longitude: 89° 13 '\"		
Mailing Address: P.O. Box 245		Method of Lat/Long (circle on	e): Conventional Survey,		
		USGS quad, (Hand-held GPS) Survey-grade GPS			
		NW 1/ NW1/ Sec 31	Twn T25 Rng R12W		
Wiggins MS 39452 City State Zip Code		32			
City State Zip Code		Distance Direction	Nearest Town		
Telephone No. (601) 928 - 569	3	Miles W	of wiggins		
receptione No. (301) 128 331					
	Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 10 - 06 - 05 Date well drilling completed: 10 - 06 - 05					
If flowing, method of flow regulation: Valve Other (describe)					
in nowing, method of now regulation. Va.	Other (de				
Static Water Level: 68 feet above or below (circle one) land surface Date measured: 16-07-05					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: \( \lambda \omega \) Well depth: \( \lambda \omega \o					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 150 feet Casing diameter: 4 inches Type of casing: PUC SYO					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: Work					
Screen slot size:					
Type of completion (circle all applicable): Oravel 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):					
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.					

Print Name of Water Well Contractor and License No.

**State Well Report** 

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Signature of Water Well Contractor

OCT 28 2005

BY: OLWR

If well telescopes please sketch below and show depths.

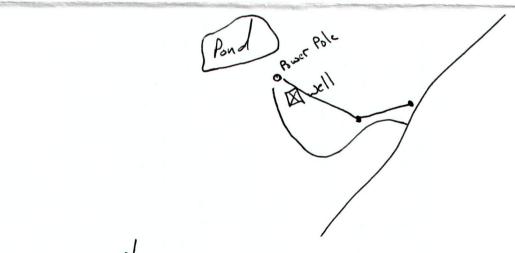
B-60

Ground Level

Description of Formations Encountered	From	То
Topsand	0	6
Clay yellow	4	15
Clay yellow Clay Blue	13	80
Silt Blue	86	95
Clay Blue	95	132
Silt Blue	135	145
Sand (med) Blue	145	160
	-	
	+	
	-	
	_	$\vdash$
		$\vdash$

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:

ed Lewis

Signature of Water Well Contractor

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## STATE WELL REPORT

## Permit #: Driller: Michael S. Nava(d) Date completed: 10-11-05 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

For Office Use Only:		
Aquifer:		
Well #: B -60	2	
Elevation:		

Date completed: $10 - 11 - 25$ (601)3	354-6938 (fax) Elevation:			
This report should be prepared by the pump installer in de installation of pump.	tail and filed with the Department within 30 days of the			
Well Owner Information	Well Location			
Owner Name: Ted Lauis	Latitude: N 30°50.17 Longitude: W 89° 13.16			
Mailing Address: P.O. Box 245	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Uiggins Ms 39577 City State Zip Code	¼¼ Sec_3\ Twn_725 Rng R12ω			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. (601) 928 - 5693	_ Commiles W of Wiggins			
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: 1,5 HP			
Date Pump Installed: 10 - 11 - 05	Setting Depth: 103 feet			
Rated Pump Capacity: Gallons Per Minute	Number of Stages: \ \2			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 10 - 67 - 05	Air Line Electric Measuring Line Steel Tape			
Static Water Level (A): Feet Below Land Surface				
Pumping Water Level (B):Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]: \ \ \ \ \ \ \ Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  Michael S. Havard O-673  Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer				

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OCT 28 2005

BY: OLWR