| State W | ell Report | |
|--|---------------------------------|---|
| County: <u>Stone</u> Permit #: Office of Land a | art 1 | For Office Use Only: |
| Mississippi Departmer | t of Environmental Quality | Aquifer: |
| | | Well #: <u>C-143</u> |
| | Box 10631 IS 39289-0631 | L. S. Elevation: |
| Date drilling completed: $4/21/05^+$ (601) | 961-5210 | |
| (601)35 | 4-6938 (fax) | E-log #: |
| State Law requires that this report be prepared by the 30 days of completion of drilling of the well. | driller in detail and filed wi | th the Department within |
| Well Owner Information | Well | Location |
| Owner Name Eddie Ramey | Latitude: ° ' | " Longitude:°' |
| Mailing Address: 855 P. 10 year Rd | Method of Lat/Long (circle one | - |
| ð | USGS quad, Hand-held | GPS Survey-grade GPS |
| 111 1 0 MS 295-77 | _ | |
| Wingins, MS 39577 City June State Zip Code | | $_{\text{Twn}} \underline{25}_{\text{Rng}} \underline{1} \underline{1} \underline{1} \underline{1}$ |
| | Distance Direction | Nearest Town |
| Telephone No. () | Miles <u>Fast</u> | of Wiggos |
| Well | | |
| Purpose of Well (circle one) Home Industrial Public Supply | | |
| Date well drilling started: $\frac{4/20/05}{Date}$ Date | well drilling completed: | 21/05 |
| If flowing, method of flow regulation: Valve Other (c | escribe) | |
| Static Water Level:feet above or felow circle one) | and surface Date measured: | |
| Method of Measurement (circle one) steel tape electric tape | air line other: | |
| Hole depth: <u>78</u> Well depth: <u>78</u> | Well grouted to a depth of | 10 feet |
| Type of grout (circle one): Cement Bentonite Mix | | 0 |
| Casing length: <u>73</u> feet Casing diameter: <u>Z</u> | | |
| Screen length:feet Screen diameter: | | |
| Screen slot size: <u>28</u> inches Setting depth: From_ | <u>73</u> feet to <u>7</u> | §feet |
| Type of completion (circle all applicable): Gravel packed Under | | hole Natural Development |
| Other (describe): | | |
| Top of lap pipe or reduction in casing:feet. If te | | |
| Logs run (circle all applicable): No log run Electric Gamma Ray | Density Sonic Neutron (| Other: Self-run |
| Name of organization running log(s): I certify that the well was drilled, constructed, and completed in a | ccordance with all applicable r | equirements of the Mississippi |
| Department of Environmental Quality and/or the Mississippi Dep | | |
| Arnold Ray Moore 05-33 | | Par maste |
| Print Name of Water Well Contractor and License No. | | Water Well Contractor |
| | | |
| | | RECEIVE |
| | | MAY 1 1 2005 |

BY: OLWR

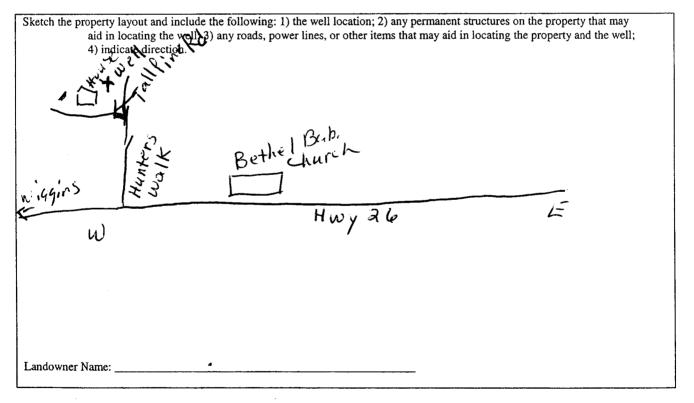
If well telescopes please sketch below and show depths.

Grou

| ld Level | | Description of Formations Encountered | From | To |
|----------|---|--|--------------|-----------|
| | | topsoil | <u> </u> | 2 |
| | | redicion | 2' | 15- |
| | | White cobostone | 151 | 25 |
| | | red soft shapstone | 357 | 120 |
| | | Lisarsenhitesand+ pergr | en 40 | 18' |
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If more than one screen, show location of each on sketch



Mobile

Signature of Water Well Contractor

RECEIVED MAY 1 1 2005 **BY: OLWR**

| County: Stor Office of Land and Water Resources For Office One Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Aquifer: Date completed: 1/2/1/05 Servi (c_ Tackson, MS 30289-0631 (601)961.5210 (601)354-6938 (fax) Well #: | 6 1 0 | | | Part 2 | For Office Use Only: |
|---|----------------------|--|---------------------------------------|----------------------------------|------------------------------|
| Permit #: | - | | | | - |
| Date completed: 4/2//25 (601)354-5210 Elevation: (601)354-6938 (fax) Elevation: | Permit #: | | Office of Lan | d and Water Desources | Aquifer: |
| Date completed: 4/2//25 (601)354-5210 (601)354-6938 (fax) 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 Well Owner Name: É CALie Raymay Mailing Address: S.5.5 Provject Rd Mailing Address: S.5.5 Provject Rd Latitude: Longitude: Will Yourn M.5.3.9.5 S.9.5 Survey-grade GP Will Yourn M.5.3.9.5 S.9.5 Twn 2.5 Rng ///2 Wethod of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GP Will Scart Ying M.5.3.9.5 Twn 2.5 Rng ///2 Telephone No. (| Driller: Moore | s water u | P.O. SPrvic Jackson | . Box 10631 MS 39289-0631 | Well #: C-143 |
| (801)334-0350 (18X) 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: E clock: Raymey | Date completed: 4 | 121105 | (60 | 01)961-5210 | |
| Well owner Information Well owner Information Owner Name: É clais Ramay Mailing Address: <u>B55</u> Project Rd Latitude: Longitude: Mailing Address: <u>B55</u> Project Rd Latitude: Mailing Address: <u>B55</u> Project Rd Latitude: Mailing Address: <u>B55</u> Project Rd Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GP Mailing Address: <u>B55</u> Project Rd Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GP Miles East of Miles Direction Nearest Town | | | (601): | 354-6938 (fax) | Elevation: |
| Well Owner Information Well Location Owner Name: E cldue frames Cldue frames Latitude: | | | by the pump installer in de | tail and filed with the Departme | ent within 30 days of the |
| Mailing Address: 8.55 $Purg isster Rd Mailing Address: 8.55 Purg isster Rd Mailing Address: 8.55 Purg isster Rd Mailing Address: 8.55 Purg isster Rd Mailing Address: Rd Rd Rd Mailing Address: Rd Rd Rd Mailing Address: Purg Rd Rd Mailing Address: Rd Rd Rd Mail Lift Iet Rd Rd $ | | Well Owner Info | | We | ell Location |
| Mailing Address: $8.5.5$ $Purg isst Rd$ Method of Lat/Long (circle one): Conventional Survey, grade GP $Mailing Address: 8.5.5 Purg isst Address 3.9.5.7 14 48 Sec 28 Twn 2S Rng ///d Mailing Address: Pirg isst Address 2ip Code 14 48 Sec 28 Twn 2S Rng ///d Mailing Address: Pirg isst Address 2ip Code 14 48 Sec 28 Twn 2S Rng ///d Mailing Address: Pirg isst Addressi 2ip Code 14 48 Sec 28 Twn 2S Rng ///d Mailing Address: Pirg isst Addressi 2ip Code 14 148 Sec 28 Twn 2S Rng ///d Mailing Address: Pirg isst Addressi 2ip Code 146 148 1186 1186 $ | Owner Name: E | ddie Re | amen | Latitude: | Longitude: |
| USGS quad, Hand-held GPS, Survey-grade GP $Miggins, MS_3G577$ $Migsins, MS_3G577$ $i' _ Migsins, MS_3G577$ $i' _ Migsins, MS_3G577$ Telephone No. (| | | | Mathad of Lat/Lang (airs) | na), Conventional Survey |
| $Miggins, MS_{City}, State, State, Zip Code MS_{City}, State, Zip Code Telephone No. ($ | Maining Address: | <u>/////////////////////////////////////</u> | Jen Ka | | • |
| City I State Zip Code Telephone No. () | | | | USGS quad, Han | d-held GPS, Survey-grade GPS |
| Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): | 4 | Nignons | MS 39577 | 14 14 Sec 2 | 8_Twn <u>25_Rng/14</u> |
| Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): | č | ity 01 / St | tate Zip Code | | |
| Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): | | | | Distance Direction | |
| Circle one Circle one Air Lift Iet Submersible Diesel Engine Gasoline Engine Natural G Bucket Piston Turbine Electric Motor Hand Tractor P1 Centrifugal Rotary Flowing Well Windmill Other (specify): | Telephone No. (|) | | Miles Cast | of ungers |
| Circle one Circle one Air Lift Tet Submersible Diesel Engine Gasoline Engine Natural G Bucket Piston Turbine Electric Motor Hand Tractor P1 Centrifugal Rotary Flowing Well Windmill Other (specify): | | D | · · · · · · · · · · · · · · · · · · · | | T |
| Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): | | | | | |
| Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Windmill Other (specify): | Air I ift | Tet | Submersible | Diesel Engine Gasoli | , ine Engine Natural G |
| Centrifugal Rotary Flowing Well Other (specify): | | $\mathbf{\mathbf{\bigcirc}}$ | | | - |
| Other (specify): | | - | | | |
| Date Pump Installed: 4/21/05 Setting Depth: | - | • | Plowing well | | • |
| Rated Pump Capacity: 8 Gallons Per Minute Number of Stages: 2 Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 4/21/105 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 6 Feet Below Land Surface Other (specify): Steel Tape Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: 8 Gallons Per Minute Well yielded GPM with a drawdown of | | | | Horse Power Rating of Moto | r:_/_/Ma |
| Pump Test Data Method of Measuring Water Level Date Well Tested: 4/21/05 Static Water Level (A): Feet Below Land Surface Air Line Pumping Water Level (B): Feet Below Land Surface Other (specify): Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded | | | | Setting Depth: | feet |
| Date Well Tested: 4/21/05 Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute | Rated Pump Capacit | iy: <u>8</u> | Gallons Per Minute | Number of Stages: | 2 |
| Date Well Tested: 4/21/05 Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute | | Pump Test I | Data | Method of M | easuring Water Level |
| Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute | Data Wall Tastada | • . | _ | | |
| Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute | | | | Air Line Electric Me | asuring Line Steel Tane |
| Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute For flowing well, measured shut in head:fe Well yieldedGPM with a drawdown of | Static Water Level (| A): | Feet Below Land Surface | | |
| Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of | Pumping Water Lev | el (B): | Feet Below Land Surface | Other (specify): | |
| Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of | Drawdown [(B) – (A | A)]: | Feet Below Land Surface | For flowing well, measured s | but in head: |
| | | | | | |
| Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pump | | | | well yielded | GPM with a drawdown of |
| | Duration of Pump T | est (minimum 4 hc | ours):hours | feet after _ | hours of pumping |
| | | | | L | |
| | TIDIOD TODI() II | ` | | | Inne M. STO |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Arnold Ray Moore OS-3.3 and Aug Muscle | ^ | \mathcal{H}_{1} \mathcal{H}_{2} | and 15-72 | I AMAMI MA | |

MAY 1 1 2005 BY: OLWR