	State W	ell Report				
County: Stone	Part 1		For Office Use Only:			
County: JIME	Mississippi Department of Environmental Quality		Aquifer:			
Permit #:		nd Water Resources	Well #: C-147			
Driller: Michael S. Havard		ox 10631	Well #:			
		S 39289-0631	L. S. Elevation:			
Date drilling completed: 10 - 04-05	, ,	961-5210	F.1. "			
	(601)354	1-6938 (fax)	E-log #:			
State Law requires that this report 30 days of completion of drilling of		driller in detail and filed w	ith the Department within			
Well Owner Informat		Well	Location			
Owner Name JF Miller Timber C		Latituda 2 A 0 5 A , OK	" Langituda: 99 8 A& 7 A&"			
Mailing Address: P.O. Box 366		Latitude: 30 ° 50 '863" Longitude: 89 ° 08 '863"  Method of Lat/Long (circle one): Conventional Survey,				
			OBS, Survey-grade GPS			
City State	39577	5W 1/4 NW 1/4 Sec 30	Twn 125 Rng R11 W			
City State	Zip Code	Distance Direction  Miles S	Nearest Town			
Telephone No. ( 601) 928-9388	3	Miles	of 10 in Wiggins			
	Well D	ata				
Purpose of Well (circle one) Home	strial Public Supply	Irrigation Fish Culture	Other:			
Date well drilling started: _ 10 - 02-05 Date well drilling completed: _ 10 - 04-05						
If flowing, method of flow regulation: Valve Other (describe)						
Static Water Level: 28 feet abo	ve or below (circle one) la	and surface Date measured:_	10-04-05			
Method of Measurement (circle one) electric tape electric tape other:						
Hole depth: 110 Ct Well depth: 110 Ct Well grouted to a depth of 20 feet						
Type of grout (circle one): Cement Bentonite						
Casing length: 90 feet Casing	diameter:	inches Type of casing:	PUC SYO			
Screen length: 20 feet Screen	diameter:	_inches Type of screen:	WOP PUC			
Screen slot size: inches	Setting depth: From	90feet to	l O 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):						
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi						
Department of Environmental Quality and			-1-4-4-1			

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

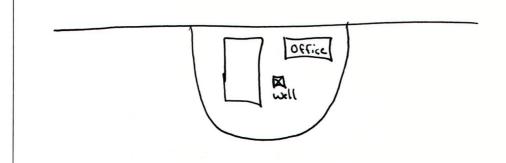
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsand	0	15
Sand (fine)	12	5.3
Clau	23	36
Sand (fine)	36	43
Claye	43	57
s. 14	57	63
Clay	43	75
Sand (med)	75	105
Gravel	105	112

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) an	y roads, power lines, or other items that may aid in locating the property and the well
4) indicate direction.	



Landowner Name: J.F. Miller Timber Co.

Signature of Water Well Contractor

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OCT 27 2005

BY: OLWR

## STATE WELL REPORT

## Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

For Office Use Only:				
Aquifer:				
Well #:	C- 147			
Elevation	n:			

Driller: Micheal S. Havaca		IS 39289-0631	Well #:	- 541	
Date completed: 10-04-05		961-5210 4-6938 (fax)	Elevation:		
This report should be prepared by the installation of pump.		il and filed with the De	epartment within 30 da	ays of the	
Well Owner Information	n	Well Location			
Owner Name: J. F. Miller		Latitude: <u>\130°50.863</u> Longitude: \(\1290.868\)			
Mailing Address: P.O. Box 366		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Mand-held GPS, Survey-grade GPS			
City Gras MS 39577  State Zip Code		1/41/4 Sec30 Twn_T25 Rng PIIU			
ony suite	Zip code	Distance Dire	ection Nearest To	own	
Telephone No. (461) 928 - 7288		1/2 Miles S of Wiggins Huy 26			
Pum p Type Circle one		Power Type Circle one			
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket Piston T	urbine	Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary I	Flowing Well	Windmill	Other (specify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: 10-04-05		Setting Depth:	106	_feet	
Rated Pump Capacity:G	allons Per Minute	Number of Stages:	10	_	
Pump Test Data		Method of Measuring Water Level			
Date Well Tested: 10-04-05			Circle one		
Static Water Level (A): 28 Feet Below Land Surface			tric Measuring Line	Steel Tape	
Pumping Water Level (B):Feet Be	low 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 118 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	4.5 hours	37feet	t after <u>45                                    </u>	ours of pumping	
			10		
Michael S. Havard 0-673					
Print Name of Pump Installer and License No.	(if applicable)	Signature of I	Pump Installer		