	State W	Vell Report	[
County: Stone			For Office Use Only:	
		Mississippi Department of Environmental Quality		
Permit #:		and Water Resources	Aquifer:	
Driller: HEath Williams	P.O. 1	Box 10631	Well #: <u>C - 70</u>	
1		1S 39289-0631	L. S. Elevation:	
Date drilling completed: 07-116-108		961-5210		
	601)35	4-6938 (fax)	E-log #:	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	driller in detail and filed w	ith the Department within	
Well Owner Inform		Well	Location	
TKI			•	
Owner Name James King		Latitude: <u>30° 49'00</u>	"Longitude: <u>89 ° 14</u> · <u>30</u> ·	
Mailing Address: 1000 180	2 of al Hung	Method of Lat/Long (circle on	e): Conventional Survey,	
ale		USGS quad, Hand-held	GPS, Survey-grade GPS	
Acct 1	m 24			
City Sta	M5 34573 ite Zip Code	<u>SE 1/4 NE 1/4 Sec_1</u>		
Felephone No. (601) 528-0		Distance Direction	Nearest Town	
Telephone No. (OV) S FO	70	Miles S W	of wigging	
	Well I	Data		
Purpose of Well (circle one) Home Ind	ustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: $02/10$			116/08	
Date well drilling started: 02/10	108 Date v	vell drilling completed:		
Date well drilling started: $02/10$ f flowing, method of flow regulation: Val	ve Other (de	vell drilling completed:		
Date well drilling started: $02/10$ f flowing, method of flow regulation: Val Static Water Level: 35 feet at	ve Other (de nove or below (circle one) la	vell drilling completed: escribe) and surface Date measured:	02/16/08	
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MAR 1 9 2008 BY: OLWR If well telescopes please sketch below and show depths.

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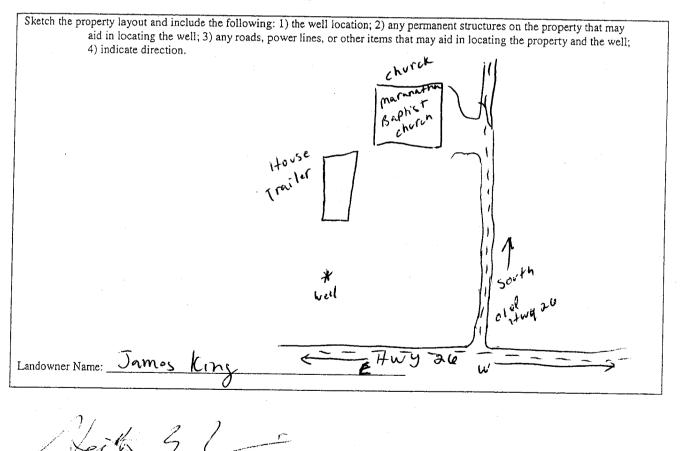
5-40

Ground Level

Descripti	on of Formations Encountered	From	То
	it brown ilso	0	14
	Ltgrtogra	16	25
	Blue Cl	25	85
Layer o	+ BIK BOCK to BiveBlk Su	85	110
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If more than one screen, show location of each on sketch

Signature of Water Well Contractor



MAR 1 9 2008 BY: OLWR

Permit #: Driller: // Date completed:	#: Mississippi Departm <i>Hzith W. []ium G</i> mpleted: <i>Mississippi Departm</i> <i>Office of Lan</i> <i>P.O</i> <i>Jackson</i> , (60)		Part 2 er's Completion Report ment of Environmental Quality and Water Resources D. Box 10631 a, MS 39289-0631 01)961-5210 Well #: <u>E-40</u> Elevation:		
This report installation	or pump.		tail and filed with the Department within 30 days of the		
· .	Well Owner Info		Well Location		
Owner Name:	James Kin	<u>ng</u>	Latitude: 30° 49'00 Longitude: 89° 14'30		
Mailing Address:			Method of Lat/Long (circle one): Conventional Survey,		
	•		USGS quad Hand-held GPS Survey-grade GPS		
			1414 SecTwnRng		
	City St	tate Zip Code	Distance Direction Nearest Town		
Telephone No. ()		Miles of		
······································	Pump Typ		Power Type		
	Circle one		Circle one		
Air Lift	Ĩ	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: hp		
Date Pump Installe	ed: 03/11	108	Setting Depth: 75 feet		
	· _ ·	Gallons Per Minute	Number of Stages:		
	Pump Test Da	nta	Method of Measuring Water Level		
Date Well Tested:	03/11/0	8	Circle one		
tatic Water Level	(A): <u>35</u> F	eet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
umping Water Le	vel (B):F	eet Below Land Surface	Other (specify):		
rawdown [(B) – (A)]:F	eet Below Land Surface	For flowing well, measured shut in head:feet		
est Pumping Rate:	7	Gallons Per Minute	Well yielded GPM with a drawdown of		
		rs):hours	feet afterhours of pumping		
HEREBY CERTI	FY that the above sta	tements are true to the best (2)	of my knowledge.		
int Name of Pump	D. W. IJUM Installer and Licens	$\frac{2}{2}$ $\frac{1}{2}$ $\frac{1}$	Signature of Pump Installer		

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	BY:	OL	W	R
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