State W	ell Report	T. Office H. Onless	
F	Part 1	For Office Use Only:	
Mississippi Departmen	at of Environmental Quality	Aquifer:	
1 1	and Water Resources Box 10631	Well #:	
[   1   5   1   M   4   1   1   M   1   4   M   1	AS 39289-0631	L. S. Elevation:	
Date drilling completed: 8/8/13 (601)	961-5210	5.1 "	
(601) 3	54-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.			
Well Owner Information	1	l Location	
Owner Name Lawrence + Betty Pertuit	Latitude: 30° 44 383	Q. Longitude: 088.55, 238.	
Mailing Address: T.V. TOWER Rd.	Method of Lat/Long (circle or		
		GPS. Survey-grade GPS	
Saucier, MS 39574 City State Zip Code	NW 1/2 5ú 1/2 Sec 3/	1 Twn 735 Rng 19W	
Telephone No. 504359-2673	Distance Direction Nearest Town		
Well	Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: 7 3 12 Date	well drilling completed:	18/12	
If flowing, method of flow regulation: Valve N/A Other (o	lescribe)		
Static Water Level: 100 feet above of below (circle one) land surface Date measured: 8/8/12			
Method of Measurement (circle one) steel tape electric tape	air line other:		
Hole depth: 765 FT Well depth: 765 FT	Well grouted to a depth of _	<u> </u>	
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 750 feet Casing diameter: 2	inches Type of casing:	PVC	
Screen length: 15 feet Screen diameter: 3	inches Type of screen:	PVC>	
Screen slot size: 1006 inches Setting depth: From	750 feet to $7$	65 feet	
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open	hole Natural Development	
Other (describe):			
Top of lap pipe or reduction in casing: NA 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.			
Jack Kidgdell 0-472		Rydua	
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor: 6 6 area	

han one screen, show location of each on sketch  operty 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.  Device  To wen	and Level	Description of Formations 2000	<b>9</b> 7
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AMP 2 1 21	property layout and include the following aid in locating the well; 3) any roads; 4) indicate direction.	Drive TV Tower  Roars  Sport Well &	
All 2 2 2	4) indicate direction.  50 NFlower Road (w	Drive Tower  Roard  Sper Well  See Ro  Tower  Roard  Tower  Roard  Tower  Tower	
Janu Kingden Alto 2 1 21	4) indicate direction.  50 NFlower Read (w	Drive TV Tower Sport well & Roard  Hy Perfuit	
an Kingher	SUNFlower Rap (w) r Name: Lawrence + Be	Tower Road Hy Perfuit	
	SUNFlower Resp (w) Name: Lawrence + Be	Tower Road Hy Perfuit	
	SUNFlower Rep (w) Name: Lawrence + Be	Tower Road Hy Perfuit	

## STATE WELL REPORT

## County: Stork. Permit #: Driller: Cast Water Wellsky Date completed: 818/12

## 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
(601) 354-6938 (fax)

For (	Office Use Only:
Aquifer:	
Well #:	H75
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

Owner Name: Aurence & Betty Perturbation

Mailing Address: T. V. 10Wer Rd

Method of Lat/Long (circle one): Conventional Survey,

USGS quad Hand-held GPS, Survey-grade GPS

Sw 1/2 Sw 1/2 Sec 3/1 TwnT 35 RngR9 w

Distance Direction Nearest Town

131/2 Miles SE of W:66 ins

Pump Type Circle one		, <u>, , , , , , , , , , , , , , , , , , </u>	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:		
Date Pump Installe	ed: <u>8/10//</u>	2	Setting Depth: 120 FT. Dop Pipe feet		
Rated Pump Capac	ity:	Gallons Per Minute	Number of Stages:		

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 8/0/12		
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): A Feet Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: /O Gallons Per Minute	Well yielded 26 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):5//_hours	NA feet after NA hours of pumpin	

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Jack, Ridadell 0-472	and Riddle	AIR 200
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	