4	State We	ell Report					
County: Hore	Part 1		For Office Use Only:				
Permit #:		of Environmental Quality and Water Resources	Aquifer:				
Driller: Lynan Well	1	ox 10631	Well#: KCC				
		S 39289-0631	L. S. Elevation:				
Date drilling completed: 10/3/108	, ,	061-5210 1-6938 (fax)	E-log #:				
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 Inform		Wei	ll Location				
Owner Name - Stone County Ut	Jame Stone Country Utility Authority		3 Longitude: 89 º 10 · 40				
Mailing Address: 1.0 Box 133	31	Method of Lat/Long (circle o	one): Conventional Survey,				
West Michens	y TestWell	USGS quad, Hand-hel	d GPS, Survey-grade GPS				
Viggins /	39572	5W 14 5E 14 Sec 18 Twn 45 Rng 12U					
Telephone No. (601) 928-088	· · · · · · · · · · · · · · · · · · ·	Distance Direction Nearest Town Miles of					
		Data					
Well Data  Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test Well							
_							
Date well drilling started: 11/05/08 Date well drilling completed: 10/3/108							
If flowing, method of flow regulation: Valve Other (describe)							
Static Water Level: 98.5 feet above or below (circle one) land surface Date measured: 10/3/108							
Method of Measurement (circle one) steel tape electric tape air line other:							
Hole depth: 1310 Well depth: 1080 Well grouted to a depth of 15 feet							
Type of grout (circle one): Cement Bentonite Mix							
Casing length: 980 feet Casing diameter: 4 inches Type of casing: PVC							
Screen length: 100 feet Screen diameter: 4 inches Type of screen: 500							
Screen slot size: ,00 6 inches Setting depth: From 980 feet to 1080 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 Slectric Gamma Ray Density Sonic Neutron Other:							
Name of organization running log(s): MDFO							
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.							
Separation of Entitionmental Quanty and of the Prississippi Department of Fleath regulations and state laws.							
Josh Ladrer 0-6-10 Gat fid							
Print Name of Water Well Contractor and License No.  Signature of Water Well Contractor							
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K-60

The photoh below only required for water wells

If well telescopes, show depths on sixeh,

Description of formations oncommend near in provided for all wells and borsheles, unless accordingly ecompted by regulations

Description of Fernations Encountered	From (depth)	To (depth)
Sand	Osound Love	60
Whitecler	60	95
CONSSIGNA	95	125
blucclas	179	330
Sard	330	345
Mue class	349	500
Sard	500	330
Sard blueclay Sand blueclay Course sand	930	750
Sand	250	800
blueclas	800	930
Coursesand	950	1240
		1
	<u> </u>	
	-}	4
		<u> </u>
	<del></del>	
		1

If more than one screen, show location of cach on steach

Sketch the property layout and include the following: 1) the well because, 2) may permanent at aid in locating the well; 3) may made, power lines, or other farms that may aid in.  4) a most arrow.  W. Mcharry R.	instance on the property that may locating the property and the well;
Landowner Name: NA	

I carriety that the well/becake to was defined, constructed, and completed in accordance with all applicable requirements of the Mississippi Reportment of Residence, if applicable, and since

Josh Ladner 0-6-10 10/31/08

Print Name of Responsible Licenses and License No.

Date

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## STATE WELL REPORT

County: Stone  Permit #:  Driller: Ly nan Well  Date completed: 10/31/08	Pump Installer's Mississippi Department Office of Land at P.O. B Jackson, M (601)	Completion Report of Environmental Quality and Water Resources ox 10631 S 39289-0631 061-5210 1-6938 (fax)	For Office Use Only:  Aquifer:  Well #:  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 Informat	ion	Well Location			
Owner Name: Stone County U	tility Authority	Latitude: 30 42 33	Longitude: 89 10 40		
Mailing Address: P.O. Box 1331		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand-held GPS, Survey-grade GPS			
Wiggins MS City State	Wiggins MS 39577 Cily State Zip Code		<u>5W 14 SE 14 Sec 10 Twn 45 Rng / 2W</u>		
	City State Zip Code		Nearest Town		
Telephone No. (60/) 928 00% (	)	Miles	of		
Pump Type Circle one		)	wer Type Circle one		
Air Lift Jet 🤇	Submersible	Diesel Engine Gasoli	ne 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 Installed: <u>/0/3//08</u>		Setting Depth: 200 feet			
Rated Pump Capacity: 85	_Gallons Per Minute	Number of Stages: 10			
Pump Test Data			easuring Water Level		
Date Well Tested: 10/3//08			Circle one		
Static Water Level (A): 98. 5 Feet Below Land Surface		Air Line Electric Me	asuring Line Steel Tape		
	t Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet			
Test Pumping Rate: 25	Gallons Per Minute	Well yielded 75 GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours	): <u>25</u> hours	13.5 feet after	25 hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.    Josh Ladier - 0640					
			The State of		

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