County: SUN FLOWER
Permit #: <u>6W-40532</u>
Driller: Houston
Date drilling completed: 6/15

State Well Report Part 1 - Driller's Log

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:	
L. S. Elevation:	
E-log #:	

ok

State Law requires that this report be prepared by the license holder responsible for the work and filed with the

Department at the above address within 30 days of comp	letion of drilling of the well or borehole.	
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 33° 56', 62" Longitude: 90° 29', 52"	
Owner Name WIIIAM LIVINGS FOW Mailing Address: 72 ward Redeck PD	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: /2 WARDC REASON	USGS quad, Hand-held GPS, Survey-grade GPS	
tutuller 125 38963	1414 Sec_22Twn_24N_ Rng_3W	
City State Zip Code	Distance Direction Nearest Town Miles of	
Telephone No. 662 345 2224	Villes or	
Well / Borel		
Date drilling started: 6/15 Date drilling completed:	Hole depth: // Hole diameter: 22	
Location of the source of any surface water used for drilling:	ell	
Method of dosing and volume of Chlorine used in drilling and development	opment: 1HB Pel 1000	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:	
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump	
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block		
Purpose of Well (check one): Home Industrial Public Supply_	Irrigation Fish Culture Other:	
If a flowing well, method of flow regulation: ValveOt	ther (describe)	
Static Water Level: 28 feet above or below (circle one) land surface Date measured:		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth:		
Casing length: 70 feet Casing diameter: 12 inches Type of casing: PVC		
Screen length: HO feet Screen diameter: D inches Type of screen: PVC		
Screen slot size: 1030 inches Setting depth: From	70 feet to 110 feet	
Type of completion (circle all applicable). Gravel packed Underro	eamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in easing:feet. If tele	scoped or more than one screen, describe on next page	

SEP 1 2 2005

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BY: OLWR

The sketch below only required for water wells

Ground Level

	_		
If well teles	copes, show	v depths :	on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CIAV	0	13
BLOWN SAND	13	93
Mad Shad	33	53
COMES SAND	.53	110
+ GRAVEL		
T G F F O CL	 	
		
		
		+
	 	
	- 	
	-	
	 	_
	<u> </u>	
	<u> </u>	
	<u> </u>	

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well loc aid in locating the well; 3) any roads, power lines, or o 4) a north arrow.	ration; 2) any permanent structures on the property that may other items that may aid in locating the property and the well;
pome Hwy 49	ovell
· · · · · · · · · · · · · · · · · · ·	PARCHMAN
Lordowen News	
Landowner Name:	

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws.

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

Part 2

(601)354-6938 (fax)

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Date completed: (601)961-5210

For Office Use Only:	
Aquifer:	
Well #: 13 -916	
Elevation:	

Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.		
Well Owner Information	Well Location	
Owner Name: WIIIAM LIVESton Mailing Address: 72 ward Lacch Rd	Latitude: 33° 56 02 Longitude: 010 2932	
Mailing Address: /2 Cold No. Feech	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
tutwilet m5 38963 City State Zip Code	1/4 Sec_ 22 T 241 R SW	
·	Distance Direction Nearest Town	
Telephone No. (662) 345 - 22- 4	Miles of	
Pump Type Circle one	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 Installed: 6/0,5	Setting Depth:feet	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
rump Test Data	Circle one	
Date Well Tested:		
Static Water Level (A): 28 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):	
Pumping Water Level (B):Feet Below Land Surface		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Pron Power 0435	חר פוו יריל	

Print Name of Pump Installer and License No. (if applicable)

NOV 17 2005

Signature of Pump Installer

BY: OLWR