County: Tallahatelle
Permit #:
Driller: Willie L. Bryant
Date drilling completed: 6-13-06

State Well Report

Part 1

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 #: 1-102
L. S. Elevation:
E-log #:

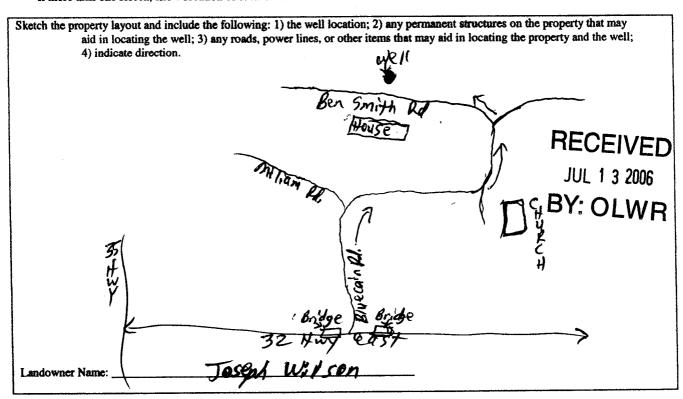
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

30 days of completion of drilling of the well.	·
Well Owner Information	Well Location
Owner Name_ Joseph Wilson	Latitude: 33 • 57 · 58 N Longitude 090 • 07 · 29 W
Mailing Address: 194 Ben Smith fd.	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS Survey-grade GPS
Charles Jon 195 3892/ City State Zip Code	1414 Sec
	Distance Direction Nearest Town
Telephone No. (662) 647-2803	Distance Direction Nearest Town Miles 5 W of Char Rs Jan
Well I	Data Cart Cart Cart Cart Cart Cart Cart C
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: 6-13-06 Date w	well drilling completed: 6-13-06
If flowing, method of flow regulation: Valve Other (d	escribe)
Static Water Level: feet above or below circle one) !	and surface Date measured: 6-13-06
Method of Measurement (circle one) steel tape electric tape	air line other: Rope + Weigh RECEIVE
Hole depth: 100' Well depth: 100'	Well grouted to a depth offeet JUL 1 3 2006
Type of grout (circle one): Cement Bentonite Mix	BY: OLW
Casing length: 4 Casing diameter: 4	inches Type of casing: PVC 160
Screen length: 20 feet Screen diameter: 4	inches Type of screen: PVC SCH 40 SbHed
Screen slot size:inches Setting depth: From _	gD feet to 100 feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If te	lescoped 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 a	accordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations and state laws.
Willie L Bryant 0-639	Wille L. Bugant
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Ground Level		

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Course sand + grave bo g)
grave) go n	0
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If more than one screen, show location of each on sketch



Wills L. Buyan T Signature of Water Well-Contractor

STATE WELL REPORT Part 2

County: Tallahatchie
Permit #:
Driller: Willie L Bryant Date completed: 6-13-06
Date completed: 6-13-06
This report should be prepared by the installation of pump.
Well Owner Informa
Owner Name: JOSEAN Wilson

Pump Installer's Completion Report

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

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #: 102	- -	
Elevation:		

e pump installer in detail and filed with the Department within 30 days of the Well Location Latitude: 33°57.58 N Longitude: 090° 07.29 W 74 Ben Smith Mailing Address:_ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS Twn 241/Rng 2 E Distance Direction Nearest Town Telephone No. (662) 647 - 2803 Pump Type Power Type Circle one Circle one Air Lift Natural Gas Jet Submersible Diesel Engine Gasoline Engine Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Windmill Rotary Flowing Well Other (specify): Other (specify): _ Horse Power Rating of Motor: 6-13-06 Date Pump Installed: _ Setting Depth: JUL 1 3 2006 Rated Pump Capacity: Gallons Per Minute Number of Stages: __ **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): ___ Feet Below Land Surface Other (specify): _ 12 Feet Below Land Surface Pumping Water Level (B): ___ Drawdown $\{(B) - (A)\}$: _Feet Below Land Surface For flowing well, measured shut in head: ___ Test Pumping Rate: __ Gallons Per Minute Well yielded _ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): ___ __hours of pumping

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
Willie L. Bryant 0-639	Wille L. Buyant	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump installer	