County: 196 Permit #: 513 5 114 Date drilling completed: 8-31-06

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 #: C-245	_
L. S. Elevation:	_
B-log #:	

State Law requires that this report be prepared by the drifler in detail and filed with the Department within

Plate Pan Ledientes that the Johnson of the Land	<u> </u>
30 days of completion of drilling of the well.	Well Location
Well Owner Information	Main Variance
(mail flail	Letitude: "Longitude: ""
Owner Name /// ///	Latitude:Longitude:
1 40	and the second s
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,
Wating was	· ·
-Sel1N-61200	USGS quad, Hand-held GPS, Survey-grade GPS
	l
(Ox a sara MS 3X618	
Company 191 1111	
City State Zip Code	Distance Direction Nearest Town
0. 2-1 050	3 Miles W of WATEFIELD
Telephone No. (901) 35/-8257	
Well:	Duta
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Limbose or wert ferrom outsit and	7 - 1 0/
7 31-16 Date	well drilling completed: 8.3/-06
Date well drilling started: Date	
Office Wales	legarihe)
If flowing, method of flow regulation: Valve Other (c	/
Static Water Level:feet above on below (circle one)	1-1-1-1-1-1 Pate massyred: X-31-06
Static Water Level:feet above op below (circle one)	MAG SELECT LABORATE LABORATE LA
Method of Measurement (circle one) steel tape electric tape	air line other:
12/	7.77
Hole depth: 126 Well depth: 126	Well grouted to a depth offeet
LIVIC Ovpul-	
Type of grout (circle one): Cement Bentonite Mix	
TAbe of Right (circle one).	
Casing length: 1/6 feet Casing diameter:	inches Type of casing:
Casing length: // Local Casing Games Casing Casing Games	*15-
Screen length: / feet Screen diameter: /	inches Time of present AC
Screen length:feet Screen diameter:	TANK OF SALVAN.
Screen slot size: 13 71005 inches Setting depth: From	11/2 500 17/2 500
Screen slot size: 13 71005 inches Setting depth: From	// W ROST TO
7	
Type of completion (circle all applicable): Gravel packed Under	recarned Telescoped Open hole Natural Development
* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	
Other (describe):	LASHED SPD
3	
Top of lap pipe or reduction in casing:foot. If	islescenced or more than one screen, describe on back of page
TOb of rish bibs of temerion in cassing.	
	- Deserte Cooks Newtons Other
Logs run (circle all applicable): No log run Electric Gamma Ra	y Domey Sum: Incarron Outer.
Name of organization running log(s):	
Name of organization running augs). I certify that the well was drilled, countracted, and completed in	accordance with all applicable requirements of the Mississippi
Y CG rail over one ace and arrange and arrange and arrange and arrange and arrange and arrange	a 277 Million and while large
Department of Environmental Quality and/or the Mississippi D	Shugment of House LeSummers and semicular
	201
$\left(\begin{array}{c} 1 \\ 1 \end{array} \right)$	111 A MINTER
1503 mind 06	43
	Samuelli FI)
Print Name of Water Well Contractor and License No.	Signature of Water WEL Columbia
· ·	

SEP 2 1 2006

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level	

Description of Formations Encountered	From	То
70p Soil	0	7
RED SAN	5	8
Charl + Spo	20	36
WHIE SPS	36	70
Rech	20	21
Crey Clay	2/	105
RESCH	105	106
MHTE SAO	106	126
	-	
	1-	1
	1-	1

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

Sketch the property 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;			may well;	
aid in locating the well; 4) indicate direction.	; 3) any roads, power lines, or other	r items that may aid i	well	S S S S S S S S S S S S S S S S S S S

Signature of Water Well Contractor

SEP 2 1 2005 BY: OLWR

STATE WELL REPORT Part 2

County: Pump Inst. Permit #: Office of I

Date completed:

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 #: <u>C-245</u>
Elevation:

This report should be prepared by the pump installer in detai installation of pump.	
Well Owner Information	Well Location
Owner Name: MAL	Latitude:Longitude:
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,
PRINGREDO	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1414 Sec. D-17 Twn TUS Rng R6 W
	Distance Direction Nearest Town
Telephone No. (90) 35/ -8257	3 Miles U of WANTED
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: 8-3 -06	Setting Depth:feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 8-3/-06	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface	Por 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.

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

Signature of Pump Installer

DECEIVED

SEP 2 1 2006

BY: OLWR