· · · ·		
County: 137	Well Driller Report and Well Log	g For Office Use Only:
Permit #:	Micciccipni Doportment of Environmental Ou	Aquifer:
Driller: ELANGFONE	Mississippi Department of Environmental Qu Office of Land and Water Resources	well #: $D - //3$
	P.O. Box 10631	L. S. Elevation:
Date drilling completed: 3 -17-05	Jackson, MS 39289-0631	
	(601)961-5210 (601)254 (028 (fear))	E-log #:
Langford Drilling	(601)354-6938 (fax)	
State Law requires that this	eport be prepared by the driller in detail and f	iled with the Department within
30 days of completion of drill	ing of the well.	·
Well Owner Inform		Well Location
Owner Name KIRK MO Dett Me Mailing Address: Cheft Y	and Latitude: °	" Longitude:°"
Bett Me	Adoa RAAMS	
Mailing Address: Chefry	Thee have Method of Lat/Long	(circle one): Conventional Survey,
LOT # 20	3 USGS quad. H	and-held GPS, Survey-grade GPS
	1	
City	$\frac{\mathcal{K}}{\text{State}} Zip \text{ Code} \frac{\mathcal{V}}{\sqrt{4}} \frac{\mathcal{K}}{\mathcal{K}} \frac{1}{4} \text{ Se}$	ec_33_Twn_49_Rng_5
City	Distance Dir	rection Nearest Town
Telephone No. ()	Miles	nection Nearest Town 9 of <u>WAN</u>
	Well Data	
Purpose of Well (circle one) Home	Industrial Public Supply Irrigation Fisl	h Culture Other:
Date well drilling started: $3 \sqrt{7}$	Date well drilling comple	ted: <u>3-17-05</u>
If flowing, method of flow regulation:	Valve Other (describe)	
Static Water Level: <u><u></u>fee</u>	et above or below circle one) land surface Date	e measured: <u>3~17-09</u>
Method of Measurement (circle one)	steel tape electric tape air line	other CTULARIL DR GTH
Hole depth: 150 Well	depth: Well grouted to	a depth offeet
Type of grout (circle one): Cement	Bentonite Mix	
Casing length: <u>20</u> feet C	asing diameter: <u>4</u> inches Type	of casing: PVC
Screen length: 10 feet S	asing diameter: <u>4</u> inches Type creen diameter: <u>4</u> inches Type	former: Slatted Mills
Screen slot size:	es Setting depth: From <u>120</u> fee	et tofeet
Type of completion (circle all applicab	le): Gravel packed Underreamed Telescor	bed Open hole Natural Development
	Other (describe):	
Top of lap pipe or reduction in casing:	NONL feet. If telescoped or more t	han 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):		
	and completed in accordance with all applicable requirem	ents of the Mississippi Department of
Environmental Quality and/or the Mississippi	Department of Health regulations and state laws.	
		0
+ Incolored	0.182 20	at hange ECRIVED
FLANGFORD		
Print Name of Water Well Contractor a	nd License No. Sign	nature of Water Well Contractor

If well telescopes please sketch below and show depths.

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BY: OLWR

D113

Ground Level	Description of Formations Encountered	From	То
	DIAT	0	KO
	R/SAN &	20	LO
	Aroun SAN &	NO	40
	mix w/clay		
	SAN	80	120
	R/SAAR BrownSAND Mix W/CLAY SAND W/SAND	120	180
	•		

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; 4) indicate direction. Cherry TRee LANS Te FMUHES KALL GO m Rb BeTT Landowner Name: Kink Moone RECEIVED

Flan

Signature of Water Well Contractor

MAR 2 5 2005 BY: OLWR

County: 7474 Pump Installer's Completion Report Mississippi Department of Environmental Quality Date completed: Date Cot Catter <td< th=""><th></th><th></th><th>ELL REPORT</th><th></th></td<>			ELL REPORT	
Permit #:	County: TATL	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631		For Office Use Only:
(601)961-5210 (601)953-6933 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Owner Name: $E i R R$ $MOER = A MACA Mailing Address: CA \in FFT T Methods TRACEA A copy of Part 1 of this report must be attached to this report. Well Owner Information Owner Name: E i R R MOER = A MACA Mailing Address: CA \in FFT T Methods TRACEA Content of the report must be attached to this report. Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade CPS Mailing Address: CA \in FFT TRACEA Content of the report. USGS quad, Hand-held GPS, Survey-grade CPS Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade CPS Content colspan="2">Content colspan= 2"Content colspan="2" <$	Permit #: Driller: $\frac{12}{12} \frac{1}{1000} \frac{1}{1000} \frac{1}{1000} \frac{1}{10000000000000000000000000000000000$			Weil #: P-113
Owner Name: $F: i.g. K$ Model $A = A$ Mailing Address: $Ch. g. F.F. T. mendow F annsMailing Address: Ch. g. F.F. T. Mendow F and $	This report must be prepare installation of pump. A copy	(601) (601)35- d by the pump installer in of Part 1 of this report mu	961-5210 4-6938 (fax) detail and filed with the D 1st be attached to this repo	prt.
h @ 7 = 4 & 6USGS quad, Hand-beld GPS, Survey-grade GPS $City$ StateZip CodeTelephone No. () $M & E$ $M & E$ $M & E$ Pump Type Circle one $M & E$ $M & E$ $M & E$ Air LiftJet $M & E$ $M & E$ $M & E$ $M & E$ BucketPistonTurbineDisel EngineGasoline EngineNatural GasBucketPistonTurbine $M & E$ $M & E$ $M & E$ Date Pump Installed: $3 - 17 - 0.9$ Number of Stages: 140 Date Pump Test DataMethod of Measuring Water Level Circle one $M & E$ $M & E & E & E & E & E & E & E & E & E &$				
CityStateZip CodeTelephone No. ()			Method of Lat/Long (circle one): Conventional Survey,	
CityStateZip CodeTelephone No. ()				
Telephone No. (ColdwA City	ZEN State Zip Code		
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	-	-	Distance Directio	on Nearest Town
Circle oneCircle oneAir LiftJetJetBucketPistonTurbineBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Telephone No. ()		Miles 5	of <u>WAII Will</u>
Bucket Piston Turbine Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):				
Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify):	Air Lift Jet	Submersible	Diesel Engine Ga	soline Engine Natural Gas
Other (specify):	Bucket Piston	Turbine	Electric Motor Ha	and Tractor PTO
Date Pump Installed: 3-/7-09 Bate Pump Installed: 3-/7-09 Rated Pump Capacity: 12 Gallons Per Minute Setting Depth: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 3-12-09 Bate Well Tested: 3-12-09 Static Water Level (A): 40 Feet Below Land Surface Other (specify): Drawdown [(B) - (A)]: 45 Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: 45 Feet Below Land Surface For flowing well, measured shut in head: feet Well yielded Uration of Pump Test (minimum 4 hours): 4 hours Nethod of Measuring Water Level Circle one	Centrifugal Rotary	Flowing Well	Windmill Ot	her (specify):
Rated Pump Capacity: 12 Gallons Per Minute Number of Stages: 12 Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: $\overline{J-12-0.5}$ Static Water Level (A): $\underline{50}$ Feet Below Land Surface Pumping Water Level (B): $\underline{50}$ Feet Below Land Surface Drawdown [(B) - (A)]: $\underline{15}$ Feet Below Land Surface For flowing well, measured shut in head: feet Uration of Pump Test (minimum 4 hours): $\underline{4}$ hours LHERERY CERTIEX that the above statements are true to the best of my knowledge DECCEN	Other (specify):		Horse Power Rating of M	otor: <u>34</u>
Pump Test Data Method of Measuring Water Level Date Well Tested: $\overline{J-12-0.5}$ Static Water Level (A): $\overline{G2}$ Feet Below Land Surface Pumping Water Level (B): $\overline{G2}$ Feet Below Land Surface Drawdown [(B) - (A)]: $\overline{G5}$ Feet Below Land Surface Test Pumping Rate: $\overline{I6}$ Test (minimum 4 hours): $\overline{4}$ hours Purple feet after $\overline{16}$ Test Pumping Rate: $\overline{I6}$ $\overline{16}$ Duration of Pump Test (minimum 4 hours): $\overline{4}$ hours DECCEIN $\overline{16}$ $\overline{16}$	Date Pump Installed:3 -/	7-09	Setting Depth:	feetfeet
Circle oneCircle oneCircle oneCircle oneCircle oneCircle oneStatic Water Level (A): Feet Below Land SurfacePumping Water Level (B): Feet Below Land SurfaceCircle oneDrawdown [(B) - (A)]: Feet Below Land SurfaceCher (specify): Static GPM with a drawdown ofDrawdown [(B) - (A)]: Feet Below Land SurfaceFor flowing well, measured shut in head: feetTest Pumping Rate: IS Gallons Per MinuteWell yielded JS GPM with a drawdown ofDuration of Pump Test (minimum 4 hours): hoursMoursDECCEN	Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	12
Date Well Tested: $3 - 12 - 05$ Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 50 Feet Below Land Surface Drawdown [(B) – (A)]: 55 Feet Below Land Surface Test Pumping Rate: $15 + $ Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours LHEREBY CERTIEY that the above statements are true to the best of my knowledge	Pump Test D	ata	1	-
Static Water Level (A): Go Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Image:	Date Well Tested: <u>3-1</u>	2-05		
Pumping Water Level (B): # C Feet Below Land Surface Drawdown [(B) – (A)]: # S Feet Below Land Surface Test Pumping Rate: ! G ! Gallons Per Minute Duration of Pump Test (minimum 4 hours): ! hours For flowing well, measured shut in head: feet Well yielded ! GPM with a drawdown of Duration of Pump Test (minimum 4 hours): ! hours I HEREBY CERTIEX that the above statements are true to the best of my knowledge DECEN	Static Water Level (A):	_Feet Below Land Surface		
Test Pumping Rate: If t Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): Image: Certification of pumping Image: Certification of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge Image: Certification of pumping	Pumping Water Level (B):	_Feet Below Land Surface		<u> </u>
Duration of Pump Test (minimum 4 hours): <u>H</u> hours <u>New feet after</u> <u>hours of pumping</u>	· · · · · · · · · · · · · · · · · · ·		For flowing well, measure	ed shut in head:feet
I HEREBY CERTIEV that the above statements are true to the best of my knowledge				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. The provide of the provided	Duration of Pump Test (minimum 4 h	ours): <u> </u>	Now feet aft	er <u> んた</u> hours of pumping
<u>ELANGFORD</u> 0-622 Print Name of Rump Installer and License No. (if analicable) Signature of Rump Installer MAR 25			st of my knowledge.	RECEIV
$\mathbf{x}_{TATE NUMMERSON OF STRUCTURE OF A COMPACT OF STRUCTURE ST$		· · · · · · · · · · · · · · · · · · ·	Flant	Tampone MAR 252

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