County: 1918
Permit #:
Driller: Just In MA
Date drilling completed: 10-27-05

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 #: L-3/	
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 / LOY / DUY (21)5	Latitude: Longitude: "	
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
francier for RD.	USGS quad, Hand-held GPS, Survey-grade GPS	
SEMMOND 015 38668	1414 Sec_2/4_ Twn	
City State Zip Code	,	
Telephone No. (223 689 - 0410	Distance Direction Nearest Town Miles V(u) of Como	
Well I	Data Control C	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:	
Date well drilling started: 1027.05 Date w		
If flowing, method of flow regulation: Valve Other (de	escribe)	
Static Water Level: 58 feet above or below (circle one) l	and surface Date measured: 10-37-05	
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth: 168 Well depth: 168	Well grouted to a depth offeet	
Type of grout (circle one): Cemen Bentonite Mix		
Casing length: 158 feet Casing diameter: 4 inches Type of casing: PVC		
Screen length: Defect Screen diameter: Inches Type of screen: PUC		
Screen slot size: /////////// inches Setting depth: From_	158 feet to 168 feet	
Type of completion (circle all applicable): Gravel packed Underr	eamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing:feet. If tel	escoped 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 ac		
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.		
BOD Smith 0-645 711/1		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Ground Level	and Level	

Description of Formations Encountered	riviu	10
100 DOK	0	10
	<u> </u>	
JAND + (MANEC,	10	30
	1	1/2
WHITE CIAY	30	60
/	120	-
White CATE) and	60	150
	150	150
500	7	120
WHITE CIAY	158	161
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
White SOD	161	168
	1'	
		↓
		<u> </u>
		_
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	+	+
	+	+
	+-	

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

1	operty layout and include the following: 1) the well location; 2) any permanent s aid in locating the well; 3) any roads, power lines, or other items that may aid in 4) indicate direction.	itructures on the property that may a locating the property and the well;
		(Decornic
5	4005 2	
Landowner N	Name: Mayous E	

Signature of Water Well Contractor

STATE WELL REPORT Part 2

County:
Permit #:
Driller Son Son 117
Date completed: 10-27-65

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 #: 4 3/ 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 Information	Well Location	
Owner Name: Poy LUGOUS	Latitude:Longitude:	
Owner Name: // DU - UG/003	Landide.	
	Conventional Survey	
Mailing Address: Amman free Co.	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address:	1	
	USGS quad, Hand-held GPS, Survey-grade GPS	
300000 14 14 Sec 14 Twn 765 Rng R8W		
1/4 Sec 274 Twn 165 Ring 75		
City State Zip Code	i i	
City / State 2.19 0000	Distance Direction Nearest Town	
2 (55) 61.40	3 Miles /U/w of Cono	
Telephone No. (201) 689 - 04/10	Miles 70/W 01	
1Exphone 110.	/	
	Power Type	
Pump Type	Circle one	
Circle one	Choic one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Air Lift Jet Suomersion		
	Electric Motor Hand Tractor PTO	
Bucket Piston Turbine	Electric Motor Mand	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Commission	2/,	
0.1 (Horse Power Rating of Motor:	
Other (specify):	Horse I dwor Rading of Motors.	
10 37-05	Setting Depth:feet	
Date Pump Installed: 10-27-05	Setting Depth:feet	
	12	
Rated Pump Capacity: Gallons Per Minute	Number of Stages:	
	N-4-3-8N	
Pump Test Data	Method of Measuring Water Level	
10 22 05	Circle one	
Date Well Tested: 10-27-07		
	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A): Feet Below Land Surface	The state of the s	
Static water Level (A) reel below Land Surface		
(1)	Other (specify):	
Pumping Water Level (B):Feet Below Land Surface	·	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:	
1	Teel	
Test Pumping Rate: Gallons Per Minute		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of	
	7′′	
Duration of Pump Test (minimum 4 hours):hours		
	nous or bumbing	
	A contract of the contract of	
I HEDERY CERTIFY 4 - 4		
I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
1 (0A 1)-(20)		
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		
	Sidmodium of Dumm I to 12 to 12	
2. Constant 110. (if applicable)	Signature of Pump Installer	