State V	Voll Doment
	Vell Report Part 1 For Office Use Only:
	ant of Environmental Quality Aquifer:
O DI O O O O O O O O O O O O O O O O O O	and Water Resources
Iackson M	Box 10631 MS 39289-0631 Well #: <u>K-38</u>
)961-5210 L. S. Elevation:
(601)35	54-6938 (fax) E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed with the Demonstrate with
30 days of completion of drilling of the well. Well Owner Information	
Owner Name B: LLYPEGRAM	Well Location
	Latitude 34 . 31 . 386" Longitude: 090. 2] . 010.
Mailing Address: 64 20	Method of Lat/Long (circle one): Conventional Survey,
CRENSHAW RO	USGS quad, Hand-held GPS, Survey-grade GPS
UNICA MS 38676	SE 14 NW 14 Sec 34 Twn 6 5 Rng 11 W
City State Zip Code	
Telephone No. (62) 363-1076	Distance Direction Nearest Town <u>Miles</u> of <u>DVNDCE</u> MS.
Well E	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: 6-2-36 Date w	Well drilling completed:
If flowing, method of flow regulation: Valve Other (de	escribe)
Static Water Level:feet above or below (circle one) la	and surface Date measured.
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 100 Well depth: 100	Well grouted to a depth of 1/2
Type of grout (circle one): Cement Bentonite Mix	teet
Casing length: 6 feet Casing diameter: 6	_inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size; 0000 inches Setting depth: From	
Type of completion (circle all applicable): Gravel packed Underre	
Other (describe):	amen Telescoped Open hole Natural Development
Transfil	1
	scoped 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: USIUNC
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in acc Department of Environmental Durality and the state of the s	
Department of Environmental Quality and/or the Mississippi Depar	tment of Health monitor
	timent of regulations and state laws.
Print Name of Water Will 2	- Alangelle
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor
	RECEIVED JUN 1 6 2006 BY: OLWR
	JUNIOVED
	By. 0 2006
	·· OLWD
	P1

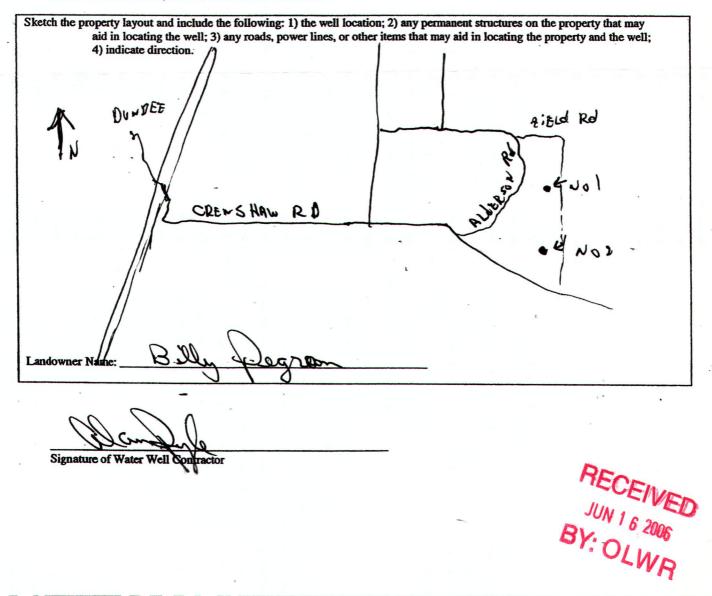
If well telescopes please sketch below and show depths.

Ground Level	41090
- * -	
	•

	-	m
Description of Formations Encountered	From	To
LOANI SDIL	0	38
Sand	38	55
Sand + Courlest Counter Sond + Crand	155	65
Country Sound + Concent	65	100
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K-38

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



Permit #: 6 00 410 40 Driller: 0.10 11 11 10 10 10 10 10 10 10 10 10 10 1	Part 2 ller's Completion Report timent of Environmental Quality and and Water Resources .O. Box 10631 n, MS 39289-0631 501)961-5210 1)354-6938 (fax)	For Office Use Only: Aquifer: Well #: <u>K- 38</u> Elevation:
This report should be prepared by the pump installer in d installation of pump.	etail and filed with the Departmen	t within 30 days of the
Well Owner Information Owner Name: <u>BUL</u> , <u>Pogna</u> Mailing Address: <u>64</u> 20 <u>Chenchan</u> <u>Rd</u> <u>Lancon</u> <u>MS</u> <u>38</u> <u>376</u> <u>City</u> <u>State</u> <u>Zip Code</u> Telephone No. (<u>Lot</u>) <u>363</u> <u>1076</u>	Well Latitude: <u>543356</u> 23 Method of Lat/Long (circle one	Location Longitude: <u>3</u> <u>4</u> <u>3</u> e): Conventional Survey, held GPS, Survey-grade GPS
Ритр Туре		er Type
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Diesel Engine Gasoline Electric Motor Hand	Tractor PTO
Pump Test Data	Method of Meas	uring Water Level
Date Well Tested:	Circ Air Line Electric Measur Other (specify): For flowing well, measured shut Well yielded	in head:feet
I HEREBY CERTIFY that the above statements are true to the best of	Mangel.	RECEIVED JUN 1 6 2006 BY: OLWA