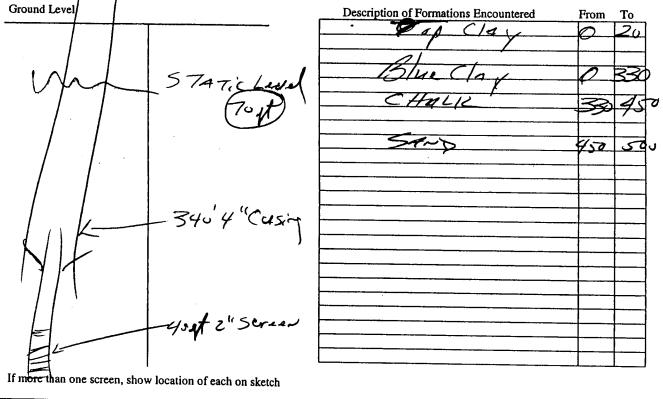
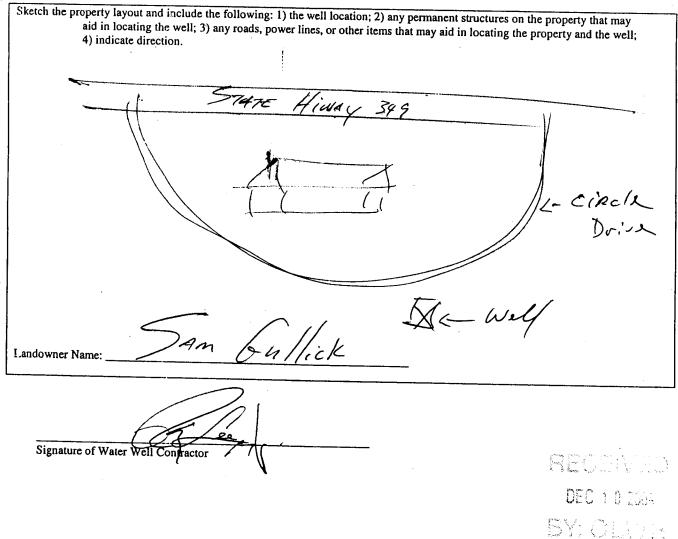
County Unida St	ate Well Report
	Part 1 For Office Use Only:
Permit #: Mississippi De	epartment of Environmental Quality Aquifer:
Permit #: Mississippi De Driller: Drill Urill Urill	of Land and Water Resources P.O. Box 10631 Well #: <u>F-57</u>
	ckson MS 20290 0621
Date drilling completed:OO	(601)961-5210
State Law requires that this report be prepared	l by the driller in detail and filed with the Department within
30 days of completion of drilling of the well. Well Owner Information	
· ·	Well Location
Owner Name Sam Gullicle	
Mailing Address: <u>Hiway 349</u>	Method of Lat/Long (circle one): Conventional Survey,
Hickory 7/47 MS	USGS quad, Hand-held GPS, Survey-grade GPS
Hickory 7/47 MS City State Zip Cod	le ¹ /4 ¹ /4 Sec Twn_ <u>75</u> Rng/E
Telephone No. ()	Distance Direction Nearest Town <u>Io</u> Miles <u>W</u> of <u>New Albauy</u>
•	Well Data
Purpose of Well (girals and U)	
Public S	Supply Irrigation Fish Culture Other:
Date well drilling started: OU 04	Date well drilling completed: 04
If flowing method of flowing but the	Date wen drining completed: <u>NOV 04</u>
If flowing, method of flow regulation: Valve	Other (describe)
Static Water Level:feet above of below (pirc	le one) land surface Date measured: NOU 04
Method of Measurement (circle one) steel tape elect	
elect	ric tape air line other:
Hole depth: Well depth:	Well grouted to a depth of
Type of grout (circle one): Cement Bentonite	(v.)
Contract Self.	Mix
Type of grout (circle one): Cement Bentonite Casing length: 340 feet Casing diameter: 44	inches Type of casing: <u>PUC</u>
leet Screen diameter	
Screen slot size:inchesSetting depth:]	From <u>460</u> feet to 54.1
Type of completion (circle all applicable): Gravel packed	Underreamed Telescoped Open hole Natural Development
Other (describe):	Underreamed Telescoped Open hole Natural Development
Top of lap pipe or reduction in casing:	t. If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run (circle all applicable): No log run Filmeric	a trace of more than one screen, describe on back of page
A A A A A A A A A A A A A A A A A A A	ha Ray Density Sonic Neutron Other:
Dependence of the well was drilled, constructed, and complete	ed in accordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississip	pi Department of Health regulations and meta land
	Condetoris and spate laws.
Leeper Do: 11ing 0079	67
Print Name of Water Well Contractor and License No.	
conductor and License No.	Signature of Water Well Contractor

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 If well telescopes please sketch below and show depths.





County: Permit #: Driller: Date completed:	par Brilli-1	Pump Installer Mississippi Departme Office of Land P.O. Jackson, (60	Part 2 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)	
This report should be prepared by the pump installer in detainstallation of pump. Well Owner Information Owner Name: Same Gullicle Mailing Address: Hiwa y 399 Licklary Address: Hiwa y 399 City State Telephone No. ()		ail and filed with the Department within 30 days of the Well Location Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ¼ _½ Sec_§Twn_7_SRng_(E Distance Direction Miles of		
Air Lift Bucket	Pump Typ Circle one Jet Piston		C	ower Type Circle one ne Engine Natural Gas Tractor PTO
Centrifugal Other (specify): Date Pump Installed Rated Pump Capacit	Nou			
Pump Test Data Date Well Tested:		C Air Line Electric Mea Other (specify): For flowing well, measured sh	Easuring Water Level Circle one Asuring Line Steel Tape nut in head:feet GPM with a drawdown of	
I HEREBY CERTIF	Y that the above st	atements are true to the best of the next of the section of the se	feet after	hours of pumping

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DEC 1 8 294 Stock O Sky P