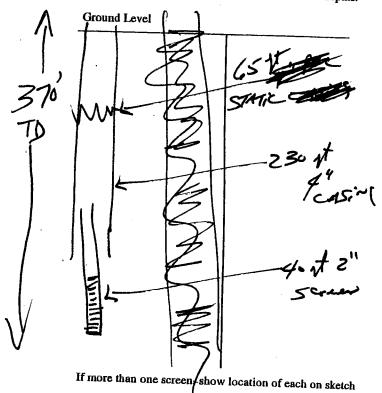
State V	Vell Report	
	Part 1	For Office Use Only:
	nt of Environmental Quality	Aquifer:
Office of Land	and Water Resources	Well #: <u>6-8</u>
	Box 10631	Well #:
	AS 39289-0631	L. S. Elevation:
[(001)	961-5210 4-6938 (fax)	TO 1
		B-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within
Well Owner Information	Well	Location
Owner Name Dwight Hisson's	Latitude:	" Longitude:"
Mailing Address: 14 CR 515	Method of Lat/Long (circle on	
	i.	
Mystlas		GPS, Survey-grade GPS
Myr7le MS City State Zip Code	ł	Twn 75 Rng 25
Telephone No. (662) 316-6151	Distance Direction Miles 50474	Nearest Town of
Well I		
Purpose of Well (circle one) Home Industrial Public Supply	Industry was a	
- cone adplify	Irrigation Fish Culture	Other:
Date well drilling started: 11-3-06 Date w	vell drilling completed:	-7-06
If flowing, method of flow regulation: Valve Other (de	escribe)	
Static Water Level:feet above of below (circle one) la	and surface Date measured:	11-8-04
Method of Measurement (circle one) steel tape electric tape		
Hole depth: 370 pt Well depth: 370 pt	Well grouted to a depth of	/U feet
Type of grout (circle one): Cement Bentonite Mix)	icci
Casing length: Z 30 feet Casing diameter:	inches Type of casing:	Pre
Screen length: 40 feet Screen diameter: 2"	inches Type of screen:	PVC
Screen slot size:	Feet to 37	70
Type of completion (circle all applicable): Gravel packed Underre	amed Telescoped Open ho	ole Natural Davelooment
Top of lap pipe or reduction in casing:feet. If tele	scoped or more than one scree	n describe on healt of
ogs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron O	ther:
Name of organization running log(s).		
certify that the well was drilled, constructed, and completed in acc	cordance with all applicable se	guirements of the Mi-1-1
separtment of Environmental Quality and/or the Mississippi Dance	tment of Health recoderions as	d state laws
Leaper Drilling # 0079	and it guidiffing H	IU SIGIC INWSP
	050	eepe \
Print Name of Water Well Contractor and License No.	Signature of W	Sate Mell Contractor
		HEVELY EL

NOV 2 2 2006 BY: OLVVF.



CHALK	0 20 20 3/0	20 22 310 370
CHAIN	Zio	370
CHAIN	Zio	310
SAND & Shall		370
		1

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;

CR 5 15

CR 5 15

Landowner Name:

Landowner Name:

Signature of Water Woll Contractor

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BY: OLWA

STATE WELL REPORT

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

For Office Use Only:	-
Aquifer:	
Well #: 6 -87	
Elevation:	

	(601)354-6938 (fax) Elevation:
This report should be prepared by the pump installation of pump	staller in detail and filed with the Department within 30 days of the
Well Owner Information	available Department within 50 days of the
Owner Name: Dwight	(tow Well Location
	Latitude: Longitude:
Mailing Address: 14 CL 5 16	Method of Lat/Long (circle one): Conventional Survey,
10 / 11	USGS quad, Hand-held GPS, Survey-grade GPS
Myrtle MS City / State Zip	Code 4 Sec 6 Twn 75 Rng 2 E
1	Distance Direction Nearest Town
Telephone No. (462) 316-6151	- 4 Miles South of My-7h
Pump Type	
Circle one	Power Type Circle one
Air Lift Jet Submersib	1
Bucket Piston Turbine	Riectric Motor
Centrifugal Rotary Flowing W	Tractor P10
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: //- &- 06	Setting Depth:
Rated Pump Capacity: Gallons Per	Minute Number of Stages:
Pump Test Data	
Date Well Tested:	Method of Measuring Water Level Circle one
Static Water Level (A):Feet Below Land	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land S	
Drawdown [(B) – (A)]:Feet Below Land S	
Test Pumping Rate:Gallons Per I	

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

BY: OLWR