County: UNION	State Well Report Part 1 Mississippi Department of Environmental Qua	For Office Use Only:
Permit #: Driller: R1 Modin	Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631	Well #: <u>H-81</u> L. S. Elevation:
Date drilling completed: 2-3-6	(601)961-5210 (601)354-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the driller in detail and figoriations of the well.	iled with the Department within
Well Owner Information		Well Location NA '` Longitude:'
Mailing Address: 1054 HWV		rcle one): Conventional Survey,
New Albony	NS 38652 14 14 Sec.	
Telephone No. (123/6	<u>0388</u> <u>Distance</u> <u>Mile</u>	tion of Metrest Town IL prily
· · · · · · · · · · · · · · · · · · ·	Well Data	<i>(</i>
Purpose of Well (circle one) Home I Ind		
	Date well drilling completed:	7.5.87
If flowing, method of flow regulation: Val		7-11:17
Method of Measurement (circle one)		Vylon Cond & Ve,
	pth: <u>3</u> Well grouted to a dept	h of feet
Type of grout (circle one): Cement Casing length: <u>360</u> feet Casin	Bentonite Mix ng diameter:inches Type of casi	Sch 40 Pv.C
Screen length: <u>20</u> feet Screen Screen slot size: <u>0, 73</u> inches	en diameter: μ inches Type of scre Setting depth: From 360 feet to	200
Type of completion (circle all applicable):		feet Open hole Natural Development
	Other (describe):	
fop of lap pipe or reduction in casing:	feet. If telescoped or more than or	e screen, describe on back of page
	n Electric Gamma Ray Density Sonic Neutr	on Other:
Name of organization running log(s):	ucted, and completed in accordance with all applic	
	ad/or the Mississippi Department of Herbin regula	

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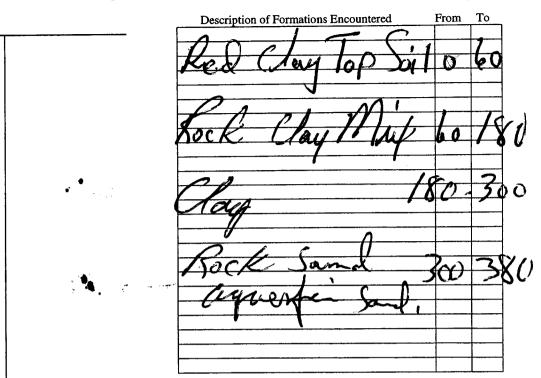
2

1995年(1995年) 1995年(1995年) 1995年(1995年)

If well telescopes please sketch below and show depths.



H-81



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 liges, or other items that may aid in locating the property and the well; 4) indicate direction. Now Alboning -HHHTTNHA W.II Ľ Hwy 15 Hwy 348 E. por Landowner Name: K

29 gnature of Water Well Contractor

	. /		ELL REPORT			
County: VNLON	<u> </u>	Pump Installer's Completion Report Mississippi Department of Environmental Quality			Office Use Only:	
Permit #:		Office of Land	Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Aquifer: Well #: <u><u><u>H</u> · 81</u> Elevation:</u>	
		Jackson,				
Date completed:						
This report shou installation of p	lld be prepared l 1mp.	by the pump installer in def	tail and filed with the Depar	tment within 30 d	ays of the	
	Vell Owner Info	rmation	······································	Well Location	<u></u>	
Owner Nameser ANDENSON		Latitude: Longitude:				
Mailing Address:	JU HV	4 248	Method of Lat/Long (circ	le one): Conventio	nal Survey,	
nt all	· ·	1 5 701 (7	USGS quad,	Hand-held GPS, Si	irvey-grade GPS	
Ver Ul	HNY M	1 , 58 (,) (ate Zip Code	¹ / ₄ ¹ / ₄ Sec	Twee	Rng	
11	っつい	入って で	Distance Directi	on Nearest T	own	
Telephone No	6 316	1200	<u> </u>	of Ven	HEANY	
	Ритр Тур	A		Power Type	/	
	Circle one			Circle one		
Air Lift	Jet	Submersible	Diesel Engine Ga	soline Engine	Natural Gas	
Bucket	Piston	Turbine	Electric Motor H	and	Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill O	ther (specify):		
Other (specify):	0 6		Horse Power Rating of M	lotor:		
Date Pump Installed:	1-5-	- 07	Setting Depth:2	0	feet	
Rated Pump Capacity	12	Gallons Per Minute	Number of Stages:	0		
	Pump Test D	ata	Method o	f Measuring Wate	r I evel	
Date Well Tested:	7.5-6	7		Circle one		
Static Water Level (A	יי ג ס	Fee Below Land Surface	Air Line Electric	Measuring Line	Steel Tape	
Pumping Water Level	-	Feet Below Land Surface	Other (specify). 40	w lird	f weig	
Drawdown [(B) – (A)	i P	Feet Below Land Surface	For flowing well, measure	ed shut in head	feet	
Test Pumping Rate: _	12	Gallons Per Minute	Well yielded	_	drawdown of	
Duration of Pump Tes	t (minimum A b	f	1 11	/		
		urs):hours	feet af		hours of pumping	
	(a) = A (1 = −1 A		<u> </u>	. 11		
	that the above st	atements are true to the best	of my knowledge.			
Print Name of Pump 1	nstaller and Licer	ise No. (if applicable)	Signature of Pun	np Installer	-	
			•			
					1. 26 M.	

BT. ULWR