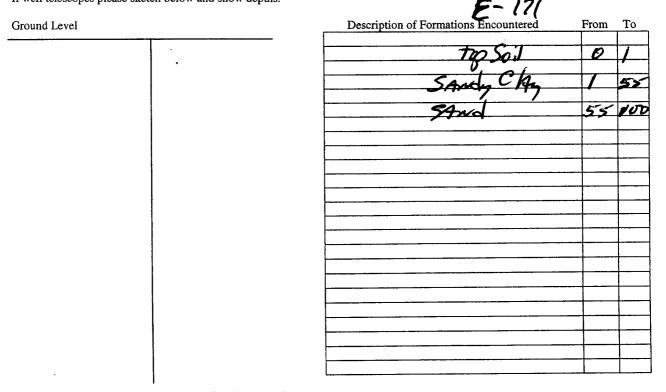
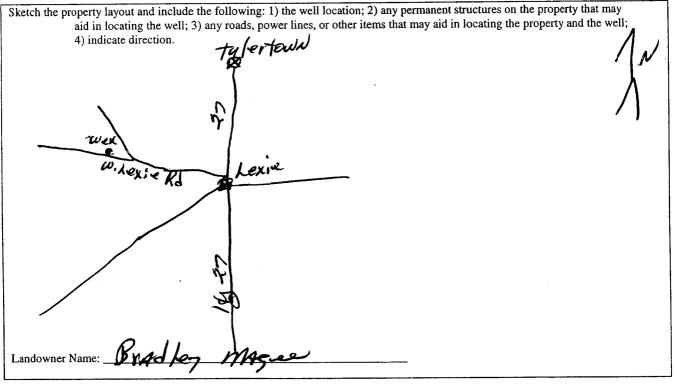
	State Well Report	
County: WAITHAIL	Part 1	For Office Use Only
Permit #: Missis	ssippi Department of Environmental Qua Office of Land and Water Resources	
Driller: J.C. Sumrall.	P.O. Box 10631	Well #: <u>E~ 17(</u>
Date drilling completed: 5/19/05	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
	(601)354-6938 (fax)	E-log #:
State Law requires that this report be	nrenared by the driller in detail and fi	lad with the Department wit
30 days of completion of drilling of the		
Well Owner Information		Well Location
Owner Name Bradley Mage	Latitude:	"" Longitude:°'
Mailing Address: 95 W. Lexie	Method of Lat/Long (cir	rcle one): Conventional Survey,
	USGS quad, Hand	d-held GPS, Survey-grade GPS
to loutarily Mk		34 Twn 21 Rng
City State	Zip Code	
Telephone No. ()	Distance Direc	tion Nearest Town of _ <del>/&amp;r/</del>
	Well Data	
Purpose of Well (circle one Home Industrial		
Date well drilling started: 5/19/0:	Date well drilling completed:	5/19/05
If flowing, method of flow regulation: Valve	Other (describe)	
Static Water Level: <u>50</u> feet above of		
Method of Measurement (circle one) steel tape		
Hole depth: Well depth:	Well grouted to a dep	th offeet
Type of grout (circle one): Cement Bent	ionite Mix	
Casing length: <u>90</u> feet Casing diam	eter:inches Type of cas	ing: PUC
Casing length: <u>90</u> feet Casing diam	eter:inches Type of cas	ing: PUC
Casing length: <u>90</u> feet Casing diam Screen length: <u>10</u> feet Screen diam	neter: inches Type of cas	een: <u>PUC</u>
Casing length: <u>90</u> feet Casing diam	neter: inches Type of cas	een: <u>PUC</u>
Casing length: <u>90</u> feet Casing diam Screen length: <u>10</u> feet Screen diam	heter: inches Type of cas heter: inches Type of screet ting depth: From feet to	een: <u>PUC</u>
Casing length: <u>90</u> feet Casing diam Screen length: <u>10</u> feet Screen diam Screen slot size: <u>~010</u> inches Sett Type of completion (circle all applicable): Grave	heter: inches Type of cas heter: inches Type of screet ting depth: From feet to	een: <u>PUC</u> feet <u>100</u> feet Open hole Natural Developm
Casing length: <u>90</u> feet Casing diam Screen length: <u>10</u> feet Screen diam Screen slot size: <u>~010</u> inches Sett Type of completion (circle all applicable): Grave Othe	heter: inches Type of cas heter: inches Type of screen ting depth: From feet to el packed Underreamed Telescoped er (describe):	een: <u>PUC</u> feet <u>100</u> feet Open hole Natural Developm
Casing length: <u>90</u> feet Casing diam Screen length: <u>10</u> feet Screen diam Screen slot size: <u>2010</u> inches Sett Type of completion (circle all applicable): Grave Othe	heter: inches Type of cas heter: inches Type of screen ting depth: Fromfeet to hel packed Underreamed Telescoped ber (describe):feet. If telescoped or more than o	een:feet feet Open holefeet 
Casing length: <u>90</u> feet Casing diam Screen length: <u>10</u> feet Screen diam Screen slot size: <u>~010</u> inches Sett Type of completion (circle all applicable): Grave Othe	heter: inches Type of cas heter: inches Type of screen ting depth: Fromfeet to hel packed Underreamed Telescoped ber (describe):feet. If telescoped or more than o	een:feet feet Open holefeet 
Casing length:feet Casing diam Screen length:feet Screen diam Screen slot size:feet Screen diam Screen slot size:foinches Sett Type of completion (circle all applicable): Grave Othe Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log run Elect Name of organization running log(s):	eter:inches Type of cas heter:inches Type of scre- ting depth: Fromfeet to el packed Underreamed Telescoped er (describe):feet. If telescoped or more than o ctric Gamma Ray Density Sonic Neut	een:feet Open holefeet Open holefeet ne screen, describe on back of p ron Other:
Casing length:feet Casing diam Screen length:feet Screen diam Screen slot size:feet Screen diam Screen slot size:inches Sett Type of completion (circle all applicable): Grave Othe Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log run Elect Name of organization running log(s): I certify that the well was drilled, constructed, a	heter:inches Type of cas heter:inches Type of scre- ting depth: Fromfeet to el packed Underreamed Telescoped er (describe): feet. If telescoped or more than o ctric Gamma Ray Density Sonic Neut and completed in accordance with all appli	een:feet Open holefeet Open holefeet ne screen, describe on back of p ron Other: cable requirements of the Missi
Casing length:feet Casing diam Screen length:feet Screen diam Screen slot size:feet Screen diam Screen slot size:foinches Sett Type of completion (circle all applicable): Grave Othe Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log run Elect Name of organization running log(s):	heter:inches Type of cas heter:inches Type of scre- ting depth: Fromfeet to el packed Underreamed Telescoped er (describe): feet. If telescoped or more than o ctric Gamma Ray Density Sonic Neut and completed in accordance with all appli	een:feet Open holefeet Open holefeet ne screen, describe on back of p ron Other: cable requirements of the Missi
Casing length:feet Casing diam Screen length:feet Screen diam Screen slot size:feet Screen diam Screen slot size:inches Sett Type of completion (circle all applicable): Grave Othe Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log run Elect Name of organization running log(s): I certify that the well was drilled, constructed, a	heter:inches Type of cas heter:inches Type of scre- ting depth: Fromfeet to el packed Underreamed Telescoped er (describe):feet. If telescoped or more than o ctric Gamma Ray Density Sonic Neut and completed in accordance with all applit he Mississippi Department of Health regul	een:feet Open holefeet Open holefeet ne screen, describe on back of p ron Other: cable requirements of the Missi

RECEIVED JUN 0 2 2565 BY: OLWR If well telescopes please sketch below and show depths.



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



Signature of Water Well Contractor

RECEIVED JUN 0 2 2035 BY: OLWA

County: <b>WAITHAII</b> Permit #: Driller: <b>F. C. Summa</b> II	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources	For Office Use Only Aquifer:
Driller: <b>J.C. Summa</b> Date completed: <u>5/19/05</u>	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)	Well #: <u>E- 171</u> Elevation:
This report should be prepared by	the pump installer in detail and filed with the Departm	ent within 30 days of the
installation of pump. Well Owner Inform	aation W	ell Location
Owner Name: BrAdley	Mag.ee. Latitude:	Longitude:
Mailing Address: 95 W. L.	exie Rod Method of Lat/Long (circle of	
	USGS quad, Har	nd-held GPS, Survey-grade O
ty lertown State	Ms 14 14 Sec.	14_Twn_2_Rng_1
• City State	Distance Direction	Nearest Town
Telephone No. ()		of tylertown
Pump Type Circle one		ower Type Circle one
Air Lift Jet		ine Engine Natural
Bucket Piston	Turbine Electric Motor Hand	Tractor I
Centrifugal Rotary	Flowing Well Windmill Other	r (specify):
Other (specify):	Horse Power Rating of Moto	
Date Pump Installed: 5/19	Setting Depth: 9	
Rated Pump Capacity:	Gallons Per Minute Number of Stages:S	2
Pump Test Data		easuring Water Level
Date Well Tested: 5/19/05		Circle one
Static Water Level (A):Fee	et Below Land Surface Air Line Electric Me	asuring Line Steel'Tap
Pumping Water Level (B):Fee	t Below Land Surface	
Drawdown [(B) – (A)]:Fee		hut in head: f
Test Pumping Rate:		
Duration of Pump Test (minimum 4 hours		hours of pump
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	ments are true to the best of my knowledge.	a c
Print Name of Pump Installer and License		+AL

1UN 82077

BY: OLWR