State W	ell Report	
	Part 1 – Driller's Log	
Mississippi Departmen	Mississippi Department of Environmental Quality	
Permit #: Office of L and a	nd Water Resources	Well #: E-176
Driller Contraction of the Distance of the Dis	P.O. Box 10631	
Jackson, W	Jackson, MS 39289-0631 (601)961-5210	
	4-6938 (fax)	E-log #:
State Law requires that this report be prepared by the lice	ense holder responsible for t	the work and filed with the
Department at the above address within 30 days of comp	letion of drilling of the well	or borehole.
Information on Well Owner	Well or Bo	rehole Location
(Landowner if borehole is not for a water well)	Latitude:'	_" Longitude:'"
Owner Name Willie May DAniels	Marked of the first and formed a	a) Convertional Survey
Mailing Address: Mazzie Johnson R.J.	Method of Lat/Long (circle or	ie). Conventional Survey,
	USGS quad, Hand-held	GPS, Survey-grade GPS
	¼¼ <u>Sec</u> 33	Twn 2N Rng 10 E
Tylertun MS City State Zip Code		
City State Zip Code	<u><u> </u></u>	Nearest Town of <u> </u>
Telephone No. ()		
Weil / Bore	hole Data	
Date drilling started: $12 - 16 - 05$ Date drilling completed: $12 - 16$ Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	opment:	
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:
Purpose of borehole (check one): Water Well Geotechnical/Geol		
		•—
Seismic Survey Other (describe If drilling is not related to water_well constructio		ock
Purpose of Well (check one): HomeIndustrial Public Supply		
	-	(VENU)
If a flowing well, method of flow regulation: Valve 0		
Static Water Level:feet above or below (circle one)	and surface Date measured:_	12-16-05.
Method of Measurement (circle one) steel tape electric tape	air line other:	
Well depth: 126 Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cem	ent Bentonite Mix
Casing length: $\underline{16'}$ feet Casing diameter: $\underline{9''}$		
Screen length: <u>10</u> feet Screen diameter: <u>911</u>	inches Type of screen:	Pre
Screen slot size: <u>.012</u> inches Setting depth: From _	16 feet to _/J	feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one scre	en, describe on next page
	<u> </u>	Form: OLWR-SWR-1

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E-176-

Description of formations encountered must be provided for all "The sketch below only required for water wells wells and boreholes, unless specifically exempted by regulations If well telescopes, show depths on sketch. Description of Formations Encountered From (depth) To (depth) Ground Level_ Ground Level 30 114 30 60 40 le 0 90 110 crul 10 120 (uvie

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 lines, or other items that may aid in locating the property and the well; 4) a north arrow. maggie Johnsen Rd, mobilitione > (& Well Landowner Name: Willie Mare Daurely Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Date

020. 12-16-05 BIAd Fitzgeral

Bud Stypan Signature of Licensee

Print Name of Responsible Licensee and License No.

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	STATE W	ELL REPORT		
County: Walthau'	Part 2		For Office Use Only:	
•	Pump Installer	's Completion Report	For Onice Use Only:	
Permit #:	Mississippi Departme	nt of Environmental Quality	Aquifer:	
Permit #: Driller: Fitzge val 2 4001	Saveo Office of Land	and Water Resources Box 10631		
Date completed: 12-16-05		MS 39289-0631	Well #: <u>E-176</u>	
Date completed:	(601)961-5210	Elevation:	
Copy information from block on Part 1	(601)3	54-6938 (fax)	Elevation:	
This part of the report must be con report must be attached and both p	upleted by a licensed water well parts filed with the Department	contractor or a licensed pump i at the above address within 30 d	installer. A copy of Part 1 of the lays of well completion.	
Well Owner In			ll Location	
Dwner Name: Willie May	1 Janvelo	Latitude:Longitude:		
Mailing Address: Maggie Jo		Method of Lat/Long (check o	ne): Conventional Survey,	
		USGS quad, Hand-held	IGPS, Survey-grade GPS	
Tyleation	Tyleatrun MS. City State Zip Code		<u>¼¼ Sec 33 t_24/ R10F</u>	
Слу	State Lip Code	Distance Direction Nearest Town		
Telephone No. ()	arradic 1988-1999 - 500	4 Miles St of Ty/ertury		
Pump T	vne	 Pa	wer Type	
Circle			Circle one	
Air Lift Jet	\$ubmersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		(specify):	
Other (specify):	·····	Horse Power Rating of Motor	r:/2	
Date Pump Installed: 12-16-0	5.	Setting Depth:feet		
Rated Pump Capacity: <u>12</u>	Gallons Per Minute	Number of Stages:		
Pump Tes	t Data	Method of Measuring Water Level		
Date Well Tested:			Circle one	
Static Water Level (A):		Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):		Other (specify):		
Drawdown [(B) - (A)]:		For flowing well, measured shut in head:feet		
Cest Pumping Rate:	Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4	hours):hours	feet after	hours of pumping	
HEREBY CERTIFY that the above		of my knowledge.		
		Signature of Pump Ir	nstaller	
BIAN FIELENCE Print Name of Pump Installer and Li	OQC47 cense No. (if applicable)	Buck Style Signature of Pump Ir		

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