XAN LOBINSON

## County: WAShing to N Permit #: GN - 44749 Driller: J. NEWCOME 0.773

Date drilling completed:

**State Well Report** 

Part 1

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)

For Office Use Only:
Aquifer: E 202
Well #:
L. S. Elevation:
E-log #:

State Law requires that this report be prepared 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 Alexander B Roberson	Latitude: 33 . 21 . 40 " Longitude: 90 . 55 . 25 "				
Mailing Address: 3305 Highway 6/ south	Method of Lat/Long (circle one): Conventional Survey,				
,	USGS quad, Hand-held GPS Survey-grade GPS				
Leland MS 387.56 City State Zip Code  Telephone No. ()	NE Distance Direction Nearest Town  1.2 Miles South of Le (AMC MS)				
YEZ-IV	Data				
Well					
Purpose of Well (circle one) Home Industrial Public Supply					
Date well drilling started: 5-14-1/ Date	well drilling completed:				
If flowing, method of flow regulation: Valve Other (	1				
Static Water Level:feet above or below (circle one)	land surface Date measured:				
Method of Measurement (circle one) steel tape electric tap	e air line other:				
Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite) Mix					
Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC					
Screen length: 40 feet Screen diameter: 16 inches Type of screen: Pr					
Screen slot size: • O S inches Setting depth: From	70 feet to 110 feet				
Type of completion (circle all applicable): Gravel packed Und	erreamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one screen, describe on back of page				
Logs run (circle all applicable): No log run Electric Gamma Ra	y Density Sonic Neutron Other:				
Name of organization running log(s):	·				
	accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
La Neuro JOHN NEMOOME C	773 follower				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

If well telescopes please sketch below and show depths.

Ground Level		
SCREEN	CASENG - 70'.	
	i	

Description of Formations Encountered	From	То
Mop Soil	0	10
mix city	10	40
Fine sand	40	70
COAVSE Sand-grand	70	113
1 44		
	1	

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) indicate direction.

SEE MAP

Landowner Name:

Signature of Water Well Contractor

## County: Washington Permit #: GW-44749

Driller: J. Newcome 0.773

Date completed: 5-14.2011

Copy information from block on Part 1

## STATE WELL REPORT Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For	Office Use Only:
Aquifer:	
Well #:	E202
Elevation:	

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Owner Information Owner Name: Alexander B Roberson Latitude: 33021. 40" Longitude: 40055.25" Mailing Address: 3305 HWY 61 Gouth Method of Lat/Long (check one): Conventional Survey \_\_\_\_. USGS quad . Hand-held GPS ✓, Survey-grade GPS SE 14 SE 14 Sec 33 T 18 N R 07W Direction Nearest Town
Southof Leland M9 Distance Telephone No. ( Pump Type Power Type Circle one Circle one Gasoline Engine Natural Gas Jet Submersible Diesel Engine Air Lift Electric Motor Tractor PTO Bucket Piston Turbine Windmill Other (specify): Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level Pump Test Data Date Well Tested: Circle one Electric Measuring Line Steel Tape Air Line Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: Well yielded \_\_\_\_\_ GPM with a drawdown of Test Pumping Rate. Gallons Per Minute feet after hours of pumping Duration of Pump Test (minimum 4 hours): \_\_\_\_ hours

This is for (circle one):	New Well	Replacement of Existing Pump	Repair of Existing Pump	en e
I HEREBY CERTIFY that the	e above stateme	ents are true to the best of my knowled	ge.	
Print Name of Pump Installer	ve O	9115-	nature of Pump Installer	