Bill Mayton

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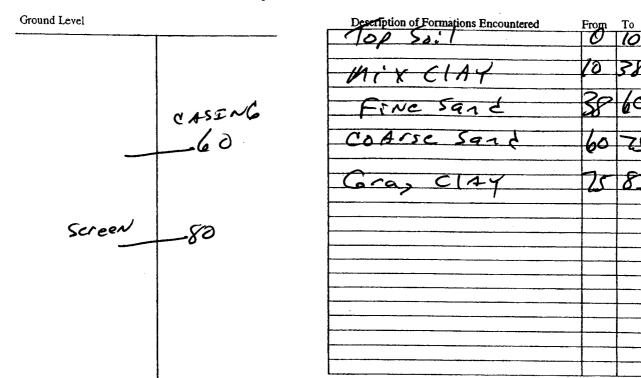
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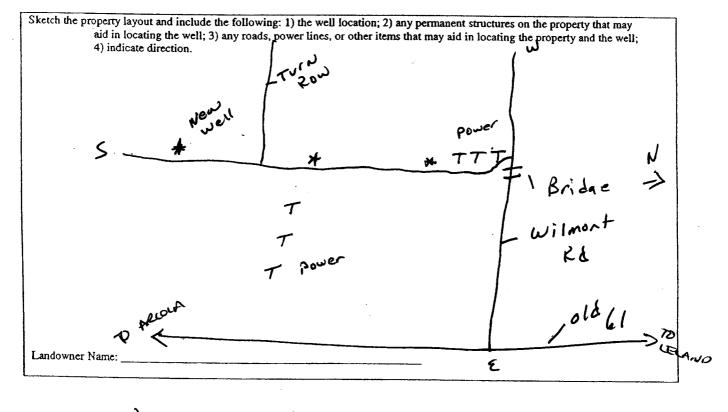
State V	ell Report	For Office Use Only:
(WOCHINGTON)	Part 1	
Mississippi Departme		
	and Water Resources Box 10631	H215
Driller J. NEWCOME 0-773 P.O. Jackson, J	MS 39289-0631 L.	S. Elevation:
Date drilling completed: $(601) - 04$ (601)	)961-5210	log #:
(601)3	54-6938 (fax)	log #:
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.	e driller in detail and filed with	the Department within
Well Owner Information	Well Lo	· · · · · · · · · · · · · · · · · · ·
Owner Name Comey Bayon	Latitude: 33 . 17 . 30 1	ongitude: <u>90 • 574 · 41 ··</u>
Mailing Address: C10 Bill Mayten	Method of Lat/Long (circle one):	
PO Box 32	USGS quare Hand-held GE	Survey-grade GPS
heland MS 38756	SW 14 NE 14 Sec 28	Twn MA Rng KA
City State Zip Code Telephone No. (202) 820 - 5263	Distance Direction <u>3</u> Miles <u>NW</u> of	Nearest Town ARCOLA
	ll Data	
Purpose of Well (circle one) Home Industrial Public Suppl	Fish Culture O	ther:
Date well drilling started: $6 - 10 - 09$ Date	te well drilling completed:	10-09
If flowing, method of flow regulation: Valve Othe	r (describe)	
Static Water Level:feet above or below (circle or		1
Method of Measurement (circle one) steel tape electric the Hole depth: Well depth:		(Ofeet
Type of grout (checks one). Comone	ſix	Due
Casing length: <u>60</u> feet Casing diameter: <u>14</u>		Prc Dyr
Screen length: <u>20</u> feet Screen diameter: <u>1</u>	inches Type of screen:	
Screen slot size: 050 inches Setting depth: Fr		
Type of completion (circle all applicable): Eravel packet		
Top of lap pipe or reduction in casing:feet.	If telescoped or more than one scre	en, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma	Ray Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and complete	i in accordance with all applicable	requirements of the Mississippi
Department of Environmental Quality and/or the Mississipp	i Department of Health regulations	and state laws.
JOHN NEWCOME 0-773	Jd ~	kere
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor
		JUL 3 0 2009
		BY: OLWR

If well telescopes please sketch below and show depths.

H 215



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



Signature of Water Well Contractor

	STATE WELL			
County: Washingten	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		For Offi	ce Use Only:
Driller: J.Neucome			Well #:	+215
Date completed: <u>6110109</u>	(601)961-5210 (601)354-6938 (fax)		Elevation:	
This report should be prepared by the installation of pump.				s of the
Well Owner Information	Latitude: 33.0 17 3		" Location	9° 591 41"
	las dos	hod of Lat/Long (circle of		551
PO Box 'S			nd-held GPS Survey-grade GPS	
<u>Le land</u> M City State	Zip Code -			
Telephone No. (003 870-53		Distance Direction Nearest Town   J NW of		
Pump Type Circle one			ower Type	
Air Lift Jet '	Submersible Die		Circle:one ine Engine	Natural Gas
Bucket Piston	Turbine Ele	ctric Motor Hand		Tractor PTO
Centrifugal Rotary	Flowing Well Win	admill Othe	r (specify):	
Other (specify): Date Pump Installed: 6 [11/09	1.	rse Power Rating of Moto		<u>)</u>
1600	•	mber of Stages:	1	_feet
Pump Test Data			leasuring Water Circle one	Level
Date Well Tested:	Au		easuring Line	Steel Tape
$\Lambda$ $\Lambda$ $\Lambda$	Below Land Surface Oth Below Land Surface	ner (specify):		
	For Land Surface For	flowing well, measured	shut in head:	feet
		ell yielded	GPM with a	drawdown of
Duration of Pump Test (minimum 4 hours):	bours	feet after	h	ours of pumping
I HEREBY CERTIFY that the above staten	nents are true to the best of my	knowledge.	<u> </u>	
Print Name of Pune Installer and License 1	D-711P	()	TALL	4

JUL 3 0 2009

BY: OLWR