Date drilling completed: 7-76-05 (601)961-5210		L. S. Elevation:		
(601)354-6938 (fax)		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	22 /7 Well	Location		
Owner Name LEROY PLANTAION RP	Latitud 33 . /3 . 23	7 Longitude 70 12 92		
Mailing Address: 1/69 AUON-PARLOUE	Method of Lat/Long (circle or	2 54 48 ae): Conventional Survey,		
1)	Sw USGS quad, Hand-held	GPS, Survey-grade GPS		
City State Zip Code	14 1 Sec 24	27 Twn 16N Rng 7W		
Telephone Nede 2335-6197	Distance Direction Miles WEST	Nearest Town of STELL, MS-		
Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 7-26-05 Date	well drilling completed:	-26-05		
If flowing, method of flow regulation: Valve Other (d	lescribe)			
Static Water Level:feet above or below (circle one) l	and surface Date measured:_	7-26-05		
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: Well depth:	Well grouted to a depth of _	/Ofeet		
Type of grout (circle one): Cement Bentonite Mix				
Casing length: Seet Casing diameter:inches Type of casing: PV <				
Screen length: 30 feet Screen diameter: 1 inches Type of screen: PVC				
Screen slot size: • 050 inches Setting depth: From 85 feet to 115 feet				
Type of completion (circle all applicable): Gravel packed Underreamed 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 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 completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
James NEDONALD #33	2 James	-MEDDING OD		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		

Part 1
Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 10631 Jackson, MS 39289-0631

> RECEIVED AUG 18 2005 BY: OLWR

For Orlice Use Only:

Aquifer: \_ Well #:

L. S. Elevation:

If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From	То
	TOP Soil	0	10
	Mix Chay	10	40
	FINE SANO	40	83
·	COARJE SANO	83	145
16"Casing	GRAY CLAY	113	11
16'Casing 85F.			
30'16" 115			
Sorien 115			

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.  Alon - Darlove  Shap  Landowner Name: LeRon, Prantotion	Sketch the property layout and include the following: 1) the well location: 2) an	V permanent ctructures on the man and all a
ESTILL 4) multiple direction.  Alon-DarLove Along Shap  Shap  Landowner Name: LERON PLANTATION	aid in locating the well: 3) any roads nower lines or other items to	bet may aid in leasting the property that may
Landowner Name: LEROY PRAJECTION		mat may aid in locating the property and the well;
Landowner Name: LEROLA TRANSPILON	95711 1) marouno arrection.	
Landowner Name: LERON PLANTATION	15	Auga Dal
Landowner Name: LERON PLANTATION		Avon-DarLove LJ
Landowner Name: LEROY TRANTATION		
Landowner Name: LEROY TRANTATION	[ ]	
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Landowner Name: LEROY TRANTATION	· · · · · · · · · · · · · · · · · · ·	2/14
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Landowner Name: LERON TIANTATION		And the second s
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Landowner Name: LERON TIANTATION		
Landowner Name: LCKOY LANTATION	1. 1.	
	Landowner Name: LCKON LANDATION	

Fignature of Water Well Contractor

## STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Owner Information Well Location Latitude: **L**ongitude Mailing Address Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town Telephone No. Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): \_Feet Below Land Surface Other (specify): Pumping Water Level (B):

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge	
Print Name of Pump Installer and License No. (if applicable)	Shar Roux	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Well yielded

For flowing well, measured shut in head: \_

\_\_GPM with a drawdown of

\_feet after \_\_\_\_\_hours of pumping

Feet Below Land Surface

Feet Below Land Surface

Gallons Per Minute

Drawdown

Test Pumping Rate

Duration of Pump Test (minimum 4 hours): \_