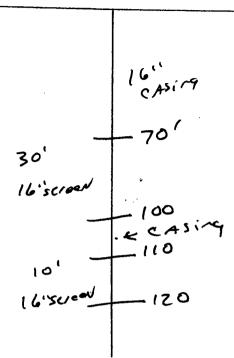
DUNVIC	te po mokin	
	ell Report	
WASHINGTON E	Part 1	For Office Use Only:
Mississippi Departmen	nt of Environmental Quality	Aquifer.
	and Water Resources Box 10631	Well #: <u>N-139</u>
Driller: VI NEWLOME	AS 39289-0631	L. S. Elevation:
Date drilling completed: $4-3-0$ (601)961-5210	
(601)33	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed w	vith the Department within
Well Owner Information	Wel	1 Location
wher Name tossum Kipgs III.	Latitude: 3 . 06 . 5	" Longitude: 07/61 · 37
Tailing Address: Ex 134 CURREY RD	Method of Lat/Long (circle o	
·		d GPS, Survey-grade GPS
HOLLANDALE, M.C. 3874	P SE 14 SW 14 Sec. 28	Twn 15H Rng 8W
City State Zip Code City State	Distance Direction 18 Miles 5	Nearest Town of <u>GREENVILE</u>
Wel	Data	
		Other:
Purpose of Well (circle one) Home Industrial Public Supply		
Date well drilling started: 4-2-07 Date	e well drilling completed:	-3-01
If flowing, method of flow regulation: Valve Other	(describe)	
Static Water Level:feet above or below (circle one) land surface Date measured	
Method of Measurement (circle one) steel tape electric tap	be air line other:	· · · · · · · · · · · · · · · · · · ·
Hole depth: 123 Well depth: 120	Well grouted to a depth of	feet
Type of grout (circle one): Cement Bentonite) Mi	از X	
Casing length: <u>60</u> feet Casing diameter: <u>6</u>		
Screen length: <u>40</u> feet Screen diameter: <u>16</u>	inches Type of screen:	PUC
Screen slot size:		
Type of completion (circle all applicable): Gravel packed Uno	lerreamed Telescoped Ope	en hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one s	creen, describe on back of page
Logs run (circle all applicable) No log run Electric Gamma R	ay Density Sonic Neutron	Other:
Name of organization running log(s):	1	
I certify that the well was drilled, constructed, and completed i		- ·
Department of Environmental Quality and/or the Mississippi I	Jepartment of Health regulatio	ns and state laws.
JOHN NEWCOME 0.773	fol a	entre
		of Water Well Contractor

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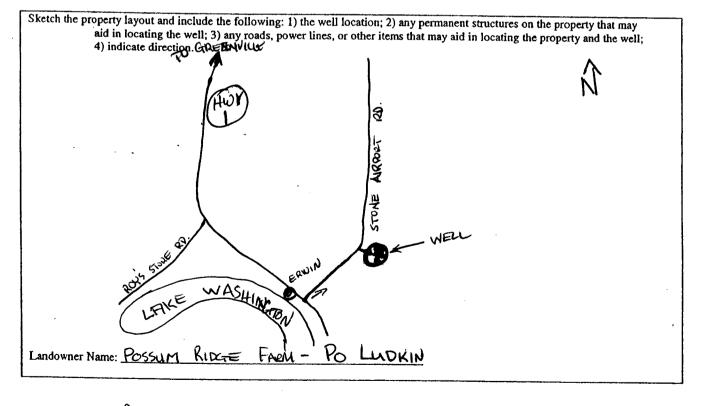
If well telescopes please sketch below and show depths.





Description of Formations Encountered	From	To
TOP Soil	n	
MixCLAY		
	10	8
Fine Sand	38	70
Med. COASSE SGAL	70	100
Fine Sand	100	110
COAlse Sand-Gravel	110	123
	1	L]

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



Signature of Water Well Contractor

	ULALL WELL	ALTURI	
Count ASHIDGTON Permit #: Driller: J. NEWCOME Date completed: 4-3-07	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 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer: Well #:
This report should be prepared by the installation of pump.	e pump installer in detail and	filed with the Depart	ment within 30 days of the
Well Owner Information When Name: Part of the part of	RREY RP. Met L. 38748 Zip Code Dis	hod of Lat/Long (circle USGS quad 4 Sec iance Direction	Well Location Longitud 91-01-3 e one): Conventional Survey, and-held GPS Survey-grade GPS Twn/SN Rng 800 n Nearest Town of CREENVILLE
Pump Type Circle one Air Lift Jet Bucket Piston			Power Type Circle one soline Engine Natural Gas nd Tractor PTO
Centrifugal Rotary	Flowing Well Win	ıdmill Otl	ther (specify):
Dther (specify): Date Pump Installed:O -o Rated Pump Capacity:	Z Set	se Power Rating of Mo	
Pump Test Data Date Well Tested:		Method of	Measuring Water Level Circle one
Static Water Level (A):Feet	Below Land Surface Oth Below Land Surface	Line Electric I	Measuring Line Steel Tape
Drawdown [(B) - (A)]: Feet Fest Pumping Rate:			d shut in head:feet
Duration of Pump Test (minimum 4 hours):			GPM with a drawdown of erhours of pumping

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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