1		1
-	County: Wilkinson	
	Permit #:	I
-	Driller: Frtzerald. Well Sens	,
-	Date drilling completed: 471-05.	

State Well Report

Part 1 - Driller's Log

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:
Aquife	r:
Well #	N-28
L. S. E	levation:
E-log #	<i>ŧ</i> :

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or barehole.

Department at the above address within 30 days of comp	pletion of drilling of the well or borehole.	
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)		
Owner Name Pous Miler.	Latitude:°' Longitude:°'	
Mailing Address: white Cape Church Rd	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Cerlandle NS	1/41/4 Sec2/4Twn	
City State Zip Code	Distance Direction Nearest Town Miles Of Centeraller	
Telephone No. ()	ivines of of exercising	
Well / Bore	hole Data	
Date drilling started: 4-21-05 Date drilling completed: 4-21-	Hole depth: 94 Hole diameter: 8"	
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:		
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):		
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical Investigation Ground Source Heat Pump	
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block		
Purpose of Well (check one): Home Public Supply Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve O	other (describe)	
Static Water Level: 32 feet above or below (circle one) land surface Date measured: 4-21-05,		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 94 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix		
Casing length: 89 feet Casing diameter: 4" inches Type of casing: Pvc		
Screen length: 10 feet Screen diameter: 4" inches Type of screen: Puc		
Screen slot size: 1013 inches Setting depth: From 84 feet to 94 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 telescoped or more than one screen, describe on next page		

Form: OLWR-SWR-1A

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The sketch below only required for water we

If well telescopes, show depths on sketch. Ground Level

wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay,	0	20
grave!	20	30
/ clay	30	70
Soude	20	80
104/58 Sand	80	94
		-
		-

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

Sketch the property layout and include the following: 1) the well location are the following: 1) the well location and include the following: 1) the well location are the following: 1) the well loca	on; 2) any permanent structures on the property that may ritems that may aid in locating the property and the well;
	F.B. idesci
Riveri	Josephan Par Church Per
Landowner Name: Down Miller	" The same of the
Landowner Name: Doug Miller,	

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

BIAD Flogeraldi

Print Name of Responsible Licensee and License No.

029. 4-21-05

Signature of Licensee

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BY: OLWR

STATE WELL REPORT Part 2 **Pump Installer's Completion Report** For Office Use Only: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 Copy information from block on Part 1 (601)354-6938 (fax) 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 Well Location Latitude: _____Longitude: Mailing Address: Method of Lat/Long (check one): Conventional Survey_____, USGS quad_____, Hand-held GPS____, Survey-grade GPS____ _4____ 1/4 Sec_ 24 T W R /W Direction Telephone No. (_ 7 Miles West **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: ___ Static Water Level (A): _____Feet Below Land Surface Air Line Electric Measuring Line teel Tape Other (specify): _ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) – (A)]: _____Feet Below Land Surface

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
BIAd Fitzcelalle 029.	BealStryeld
Print Name of Pump Installer and License No. (if applicable)	Signature Pump Installer

_____Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____hours

Test Pumping Rate:

For flowing well, measured shut in head: ____

Well yielded ______GPM with a drawdown of

___feet after _____hours of pumping

Form: OLWR-SWR-1B

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RY: OLWR