-	P	art 1	Tor office out only				
-	Comment (A) POSTO	Mississippi Department of Environmental Quality					
1	Permit #: Office of Land a	and Water Resources	Aquifer:				
		IS 39289-0631	L. S. Elevation:				
		961-5210					
	(601)35	4-6938 (fax)	E-log #:				
L	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	Wel	Location				
	Owner Name I'm Smith	Latitude:'	_" Longitude:°"				
-	Mailing Address: 610 Camp grown R	Method of Lat/Long (circle or	ne): Conventional Survey,				
		USGS quad, Hand-held	GPS, Survey-grade GPS				
	City State Zip Code	1/4 W 1/4 Sec_ 3	5 Twn 14W Rng 1/E				
	City State Zip Code	Discotion	Negrect Town				
-	Telephone No. (42) 773 6/92	Miles /45	of Noragestar MS				
1	Well	Data					
		A Section 19 19 19	Other: Chicken Hamm				
	Purpose of Well (circle one) Home Industrial Public Supply						
	Date well drilling started: 4-13-06 Date well drilling completed: 4-24-06						
	If flowing, method of flow regulation: Valve Other (describe)					
	Static Water Level: 170 feet above or below (circle one) land surface Date measured: 4-21-06						
	56						
	Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: 6/0 Well depth: 6/0 Well grouted to a depth of MAY 17 2006 Type of grout (circle one): Cement Bentonite Mix						
	Type of grout (circle one): Cement Bentonite Mix						
	PRV:						
	Casing length: 580 feet Casing diameter: 412 inches Type of casing: 700:01WR						
	Screen length: 20 feet Screen diameter: 2" inches Type of screen: PVC						
	Screen slot size: #10 inches Setting depth: From 580 feet to 610 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
	Top of lap pipe or reduction in casing:						
	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.						
		7/1.					
	Nelson CHIN 0-374	/ lelso	n Can				
	Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor				

State wen report

STATE WELL REPORT

Part 2

County: Winston

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:

Elevation:

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 Owner Name: Latitude: __ Longitude:__ Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town Telephone No. (602) 773-6142 **Pump Type Power Type** Circle one Circle one Air Lift Submersible Jet 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: 4-21-06 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one 4-21-66 Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 170 _Feet Below Land Surface Other (specify): Pumping Water Level (B): 200 Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: _____feet Test Pumping Rate: ____ Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours of pumping 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)

Signature of Pump Installer

Ground Level	
322 puc 5' hal 2652,193 \$psc 50	•

Description of Formations Encountered From To 70g Sex 1 Sex 0 10 100 Sex 1 Sex 100 100 C/g		9	
709 501 d Sand 0 10 100 Sand 10 100 215 (100 215 Clay d Sand 5trops 215 270 250 420 Clay d Sund Stips 420 530 (100 500)	Description of Formations Encountered	From	To
Sand 10 100 Clay Sond Strops 215 270 Sand 270 280 Clay 2 Sund Strips 420 Sond Strips 420 Clay 2 Sund Strips 420 530			10
Clay & Sand Strips 215 270 Sand 270 290 Clay 2500 420 Clay & Sund Strips 420 530	Sand		100
Sound 270 290 Clay 2 500 420 Clay 2 5000 Stips 420 530	Clar	100	215
Sound 270 290 Clay 2 500 420 Clay 2 5000 Stips 420 530	(Jural San) Strips	215	270
Clay & Sund Stigs 420 500	Sand	270	270
C/4/ 0 Jene 193 /1/2	Clar	250	420
6002 Sand S30 40	Clayd Som Stings	420	500
	6002 Sand	530	610
			1
			
			1
			
			
			+
			+
			+
. 1 1			
		<u>l</u>	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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the	he property that may property and the well;
4) indicate direction.	
Chicken II I to II	
The west	RECEIVE
	RECEIVED MAY 17 2006 BY: OLWR
May - Constant	BY: 011
chirter DDD []	OLWR
Hower NNN (
7 5 4	
Landowner Name: V.m. Smith	

Signature of Water Well Contractor