(/	Part	1 Ouglity	Aquifer:	
County: Winsten	Mississippi Department of Environmental Quality Office of Land and Water Resources Well #: Well #:		W-11#	
	Office of Land and			
Permit #:	P.O. Box 10631 Jackson, MS 39289-0631 L. S. Elevation		L. S. Elevation:	
Driller: Nelson III	Jackson, MS 39289 0002		E-log #:	
12-7-03	((01)251	6938 (fax)		
Date drilling completes	(001)55	u J Glod	with the Department within	
State Law requires that this rep	ort be prepared by the d	riller in detail and med	Witch the same of	
State Law requires that this rep 30 days of completion of drilling	of the well.	W	ell Location	
Well Owner Inform	ation		, Longitude:,,,	
111.	lou ac	Latitude:	Longitud	
Owner Name_ Allen	r). R1	Method of Lat/Long (circle	one): Conventional Survey,	
Mailing Address: 3551 gan	g crossing 16.	Method of Lat 2015	CDG Survey grade GPS	
Mailing Address.		USGS quad, Hand-h	eld GPS, Survey-grade GPS	
	" 202//	1/ 1/ 1/2 1/4 Sec 3	32 Twn 14N Rng/22	
Norge after	Mc 39346	1 1/4 /4 555	Town	
City	State Zip Code	Distance Directio	of Moxyputer Ms	
Telephone No. (601) 724 - 2	13//	Miles _/V	01/1001/	
Telephone No. (
	Well	Data	e Other: Chicken Heuse	
	Industrial Public Supply	Irrigation Fish Cultur	e Other: Cy. Cara	
Purpose of Well (circle one) Home	Ilidustriai 1	u deilling completed:	12-7-05	
Purpose of Well (circle one) Home Date well drilling started:/_~	30 - 05 Date	well drilling completes.		
	Other	(describe)		
If flowing, method of flow regulation:	Valve	Date meast	red: 12-5-05	
Static Water Level: 73 fe	et above or below (circle one	I land surface Date mount		
If flowing, method of flow regulation: Valve Outer (acceptance) Static Water Level: feet above or below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape				
Hole depth: 205 Well depth: 205 Well grouted to a depth offeet				
Mix				
Type of grout (circle one): Cement Bentonite Mix Casing length: 185 feet Casing diameter: 1 inches Type of casing: PUC Casing length: 185 feet Casing diameter: 1				
Casing length: 185 feet Casing diameter: 1 inches Type of casing: 2				
Screen length: 20 feet Screen diameter:				
	_	105 feet to	205 feet	
Screen slot size: # 10 inches Setting depth: From 185 feet to 205 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 back of page				
Top of lap pipe or reduction in casing:				
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 app	nearie requirements of the mississippi	
Department of Environmental Qu	Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Nelson CAIN 0-374 / Jelson Cain				
Print Name of Water Well Contract		Sign	nature of Water Well Contractor	
Frint Ivalie of Water Well Contract	VI 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			

State Well Report Part 1

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				120		
If well telescopes t	please	sketch	below	and	show	depths.

K-	32
	44

0 111		Description of Formations Encountered	From	10
Ground Level		TOP SE'l a Clay	0	30
	-	Sano	30	65
	<u> </u>	Clas	65	110
	}-	Sand	110	130
	H	Clard Sand Stocks	130	150
	-	Clayer	150	175
	-	wester Send	175	205
	-	Water State		
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	1		_	1
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			_	+
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			_	+
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1				
IC	och on sketch			

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

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.
The state of the s
The said
Landowner Name: Young

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STATE WELL REPORT

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

For Office Use Only:	
Aquifer:	
Well #: K-32	
Elevation:	

County: Winston

Permit #: _____

Driller: Nekson CAIN

Date completed: $12-7-05$ (601)35	4-6938 (fax)		
This report should be prepared by the pump installer in deta	il and filed with the Department within 30 days of the		
This report should be prepared by the pump instance in	227 4		
installation of pump. Well Owner Information	Well Location		
	Landitude		
Owner Name: Young	Latitude:Longitude:		
Owner Name:	Conventional Survey		
w - 111	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address:	11 14 CDS Survey-grade GPS		
	USGS quad, Hand-held GPS, Survey-grade GPS		
1 11 700 10	N 1/4 W 1/4 Sec 32 Twn 14/ Rng 12E		
Noxpater M3 35346 City State Zip Code	10 1/4 Sec Ja I WII 77 Aug		
City State Zip Code	Distance Direction Nearest Town		
City	Distance Direction Nearest Town		
	3 Miles NE of Moragates ma		
Telephone No. ()	Miles 10 C of 110 A		
Telephone No.			
	Power Type		
Pump Type	Circle one		
Circle one	Chele one		
	Diesel Engine Gasoline Engine Natural Gas		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
	Electric Motor Hand Tractor PTO		
Bucket Piston Turbine	Electric Motor		
24 - 1 - 21 - 11	Windmill Other (specify):		
Centritugal Rotary Flowing Well			
	Horse Power Rating of Motor: 5 hp		
Other (specify):	1		
Date Pump Installed: 12-5-05	Setting Depth: 180 feet		
Date Fullip Illistaned.			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:		
ration i simp capacity.			
Pump Test Data	Method of Measuring Water Level		
	Circle one		
Date Well Tested: 12-7-05			
	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): 73 Feet Below Land Surface	21		
	Other (specify):		
Pumping Water Level (B): 130 Feet Below Land Surface			
· · · · · · · · · · · · · · · · · · ·			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
	(-)		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the be	st of my knowledge.		
Nelson CAIN	7/1 (2.		
	/ shon un		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		

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