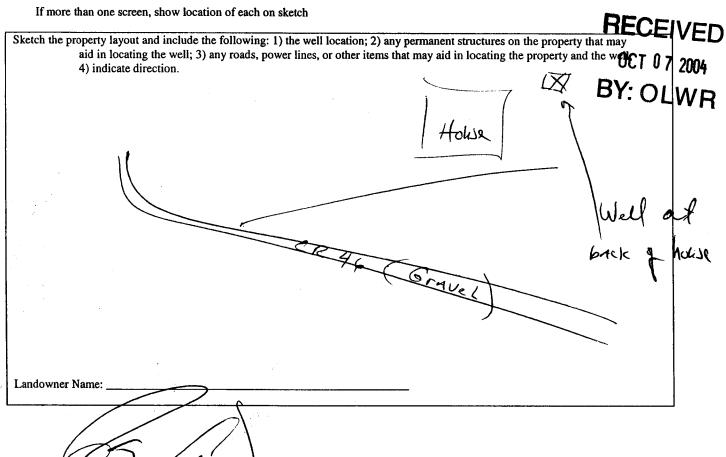
State W	ell Report						
	art 1	For Office Use Only:					
Mississippi Departmen	at of Environmental Quality	Aquifer:					
Permit #: Office of Land a	and Water Resources	Well #: A - 49					
	Box 10631	weil#:					
	IS 39289-0631 961-5210	L. S. Elevation:					
(601)25	4-6938 (fax)	E-log #:					
Solber hilling, Jac							
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	Well	Location					
Owner Name_STEVE Hill							
C/a Hill anstructions							
		ne): Conventional Survey,					
		d GPS, Survey-grade GPS					
SE 14 SW 14 Sec		Frwn 11 S Rng 6W					
July State Zip Code		<i>1</i> 1					
Telephone No. 62 473 - 1031 Distance Direction Miles		of WATER VALLE					
Well I	Data Data						
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:							
Date well drilling started: Sept o4 Date well drilling completed: At 7 04							
If flowing, method of flow regulation: Valve Other (describe)							
Static Water Level: 100 feet above or below circle one) land surface Date measured: 2704							
Method of Macourous (sixt)							
Hole depth: Well depth: Well grouted to a depth of feet OCT 07 2							
Type of grout (circle one): Cement Bentonite Mix							
Casing length: 340 feet Casing diameter: 4" inches Type of casing: PUC BY: OLV							
Screen length: 40 feet Screen diameter: 2" inches Type of screen: 5/07721 PUC							
Screen slot size: 1008 inches Setting depth: From 500 feet to 540 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							
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.							
LEEPER DOIL NO 19							
Print Name of Water Well Contractor and License No. Signature of V.		Water Well Contracto					

4aLOBUSHA161

Signature of Water

Well Contractor

	Ground Level			Description of Formations Encountered	From	To	
^				OPCIAY	0	20	
T				Brown + Ph	20	90	
1	1			13/42 C/44	40	121	
1	1			White Sand formation	140	32	ے
ŀ			340 4 puc				
!	1	14-	Puc	Black + Green	-> >		.)
540				Clays	320	50	0
210	1,1		,	SAND formation	500	54	,
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STATE WELL REPORT For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 10631 Well #: A-49 Driller: Jackson, MS 39289-0631 (601)961-5210 Elevation: (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 Owner Name: Latitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 14 ____ 14 Sec 24 Twn 11 S Rng 6 W Distance Direction Nearest Town 10 Miles We Tof Wher **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 Flowing Well Rotary Windmill Other (specify): Other (specify): ___ Horse Power Rating of Motor: ___ Date Pump Installed: 167 Setting Depth: _ Rated Pump Capacity: _Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Circle one Date Well Tested: ___ Electric Measuring Line Air Line Steel Tape Static Water Level (A): Fee Below L Other (specify): Pumping Water Level (B): _____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 yielded _____GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _____hours ____feet after _____hours of pumping

Signature of Jump Installer

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)