	State W	ell Report	
County: Y9200	1	art 1	For Office Use Only:
Permit #: GW-44203	Mississippi Departmen	t of Environmental Quality	Aquifer: A \$3
	i e	nd Water Resources	Well #:
Driller: W. Bryant		Box 10631	
Date drilling completed: $9-2-10$		IS 39289-0631 961-5210	L. S. Elevation:
Date drining completed.		4-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the of the well.	driller in detail and filed w	ith the Department within
Well Owner Informs		Well	Location
Owner Name LOUIS WILL	ams Ir.	Latitude: 32 • 58 · 14	" Longitude: <u>070 · 25 · 06 "</u>
Mailing Address: 123 East	6th St.	Method of Lat/Long (circle or	ne): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
Y9200 Cify / City / Sta	n		
Telephone No. (462-746-7	-	Distance Direction Miles Cryno Rd.	of VOZOO C174
	Well I	Data	
Purpose of Well (circle one) Home Inc	lustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 9-2-10 Date well drilling completed: 9-2-10			
If flowing, method of flow regulation: Va	lveOther (d	lescribe)	
Static Water Level:feet al		4	
, i		air line other: Ko	•
Hole depth: 97 Well de	epth: <u>95</u>	Well grouted to a depth of _	feet
	Bentonite Mix		DIC
Casing length: <u>55</u> feet Casi	ing diameter:		
Screen length: 40 feet Screen diameter: 6 inches Type of screen: 10 5/5 #60			
Screen slot size:032inches Setting depth: From55feet to95feet			
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):	· · · · · · · · · · · · · · · · · · ·	
Top of lap pipe or reduction in casing:	<u> </u>	elescoped or more than one scr	een, describe on back of page
Logs run (circle all applicable). No log ru	n Electric Gamma Ray	Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, constr	ructed, and completed in	accordance with all annicable	requirements of the Missississis
Department of Environmental Quality	_		-
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OCT 0 6 2010

Wille L. Bys.
Signature of Water West confrag

BY:OL

Ground Level		

Description of Formations Encountered	From	To
C/9V	0	20
Clay	20	40
clave Med sand	40	60
med Sands grave	60	00
arave/	QD	35
,	0	, ,
	<u> </u>	
·		
	<u> </u>	
	1	

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

Yazoo 199 W City City City What Don'th of Yazoo City What Pener well Well Well Well Well	2/		lowing: 1) the well location; 2) any poads, power lines, or other items that	t may aid in locating the property a	nd the well;
M Pence	10200	- 49 W			Silver
M Pence	(14) -		And the second section of the second section is a second section of the secti		City
M Pence we!	,	2.4	miles North	of Yazar City	. /
P A Pence		u m	·		
D. Well		PIH	Pence		
		D.	IF well		
power lints			fower lines		
Landowner Name: Loyis Williams Jr.	Landowner	Name: Loyis Will	ians Jr.	-	

Willy Z. Buyth J. Signature of Water Well Contractor

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BY:OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

Well Owner Information

Date completed:

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #:	
Elevation:	

Well Location

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Owner Name: Louis Williams To Mailing Address: 123 Fast With St. Yazov City MS 39199 City State Zip Code	Latitude: 32 S8.14 N Longitude: 090 25.06 W Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 1/4 Sec 17 Twn 13 N Rng 2 W Distance Direction Nearest Town
Telephone No. (462) 746-7308	2-6 Miles N of 19200 (ity
Pump Type Circle one	Power Type 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: 9-3-10	Setting Depth:feet
Rated Pump Capacity: Gallons Per Minute	Number of Stages:
Pump Test Data Date Well Tested: No Rufn Test No E/E Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown ofhours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

| Willie L. Bryan + 0-639 | Willie L. Bryan + Print Name of Pump Installer and License No. (if applicable) | Signature of Pump Installer

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BA: OTME