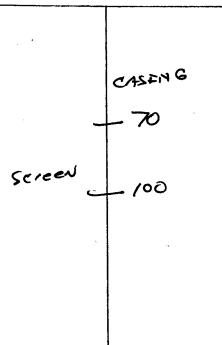
	De fou		
	State We	ll Report	
VATA		rt 1	For Office Use Only:
County: YAZOO		of Environmental Quality	Aquifer:
Permit #: @WU2183	Office of Land an	d Water Resources	Well #: F-69
Driller: J. NEWCOME		x 10631	
Date drilling completed: 7-20-08		5 39289-0631 61-5210	L. S. Elevation:
Date dritting completed.		-6938 (fax)	E-log #:
State Law requires that this rep	ort be prepared by the d	lriller in detail and filed v	vith the Department within
30 days of completion of drilling Well Owner Inform		Wel	Il Location
Dwner Name DENNY Face		Latitude: 32. 51.12	-" Longitude: 90. 30 . 35 "
Mailing Address: 4019 WH	TES LANE A		
		USGS quad, Hand-hel	d GPS, Survey-grade GPS
VAY00 Cit	1. WS 39194	NE 1/4 SW 1/4 Sec 28	Twn 12N Rng 3W
City St	ate Zip Code	Distance	Nearest Town
Telephone 08.62, -571 -	5494	Distance Direction Miles	of YAZZO CITY
	Well I	Data	
Purpose of Well (circle one) Home In	dustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 7- 2			
If flowing, method of flow regulation: V	alve Other (d	escribe)	
Static Water Level:feet	above or below (circle one)	and surface Date measured	l:
Method of Measurement (circle one)	steel tape electric tape	air line other:	
Hole depth: <u>(03</u> Well of	lepth: 100	_ Well grouted to a depth of	ffeet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: 70 feet Ca	sing diameter:(O	inches Type of casing:	Pre
Screen length: <u>30</u> feet So	reen diameter:lO	inches Type of screen:	Puc
Screen slot size: 1050 inches	s Setting depth: From_		100 feet
Type of completion (circle all applicable	e): Gravel packed Under	rreamed Telescoped Op	en hole Natural Development
	Other (describe):		and a second sec
Top of lap pipe or reduction in casing: _	feet. If t	elescoped or more than one s	creen, 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, con	structed, and completed in	accordance with all applicat	le requirements of the Mississippi
Department of Environmental Qualit			
	200	۸١.	
JOHN NEWCOME C)-113	John	Navane
Print Name of Water Well Contractor a	nd License No.	Signature	e of Water Well Contractor
	1967		RECEIV
		1.6.4	AUG 0 8 2
			BY: OLV

F-69

If well telescopes please sketch below and show depths.

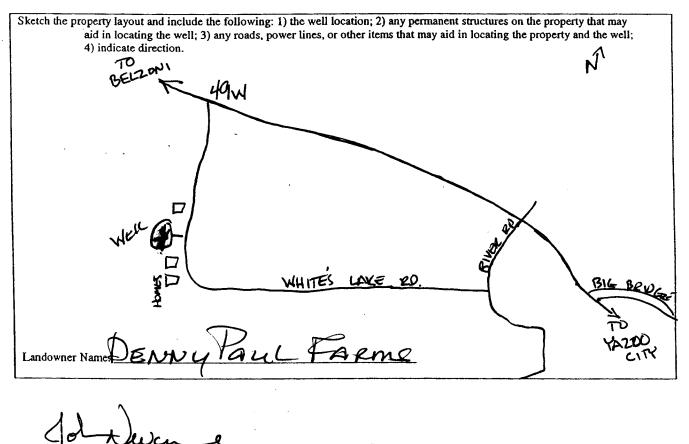




Description of Formations Encountered	From	То
Top Soil	0	10
MIX CLAY	/0	38
Fine Sand	38	70
Coalse Sand	70	100
Finesand	100	(0)
4		
· · · · · · · · · · · · · · · · · · ·		

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

Signature of Water Well Contractor



N. C.	-	ELL REPORT		
County A. Z.00	Pump Installer	Part 2 's Completion Report nt of Environmental Quality	For Office U	æ Only:
Permit #: <u>(00428)</u> DrilleT_ NEWCOME	Office of Land	and Water Resources Box 10631	Aquifer.	
$D \rightarrow \phi$		MS 39289-0631)961-5210	Well #:	67
Date completed		54-6938 (fax)	Elevation:	
This report should be prepared by installation of pump.	the pump installer in deta	ail and filed with the Departme	nt within 30 days of	the
Well Owner Inform	F	Well Location		
wher Name ENRY FAUL	tarme	Latitude 0 (-) Longitude 0-30 -55		
Mailing Address: 4019 WHVD	ESLANE RD.	Method of Lat/Long (circle o	ne): Conventional Su	rvey,
		USGS quad, Han	d-held GPS, Survey-	grade GPS
Azos Croy N.	39194	NE 1/SW 1/4 See2	8 TWD 2NR	13U
City State	Zip Code	Distance Direction	Nearest Town	
Telephone No. 2-571-	5494	5 Miles W	of VASOD	Circ
	·	3	000	
Pump Type Circle one			ower Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ine Engine	Vatural Gas
Bucket Piston	Turbine	Electric Motor Hand		ractor PTO
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):	<u> </u>	Horse Power Rating of Moto	r/5	
Date Pump Installed:	28	Setting Depth:	fee	t
Rated Pump Capacity: 900	Gallons Per Minute	Number of Stages:		
Pump Test Dat	8		easuring Water Leve Circle one	1
Date Well Tested:		Air Line Electric Me	asuring Line Si	teel Tape
Static Water Level (R):Fe		Other (specify):		
Drawdown [(B) - (A)]:Fe		For flowing well, measured s	but in band	
Test Pumping Rate:		Well yielded		
Duration of Pump Test (minimum 4 hour				
		tcet after	hours	of pumping
ARREBY CEPTURY 1		har	\rightarrow	
HEREBY CERTIFY that the above stat	#7/04	of my knowledge.		
Print Name of Pump Installer and License	No. (if applicable)	Signature of Pump I	nstaller	0
				RECE
				ALIC

AUG 0 8 2008 BY: OLWR