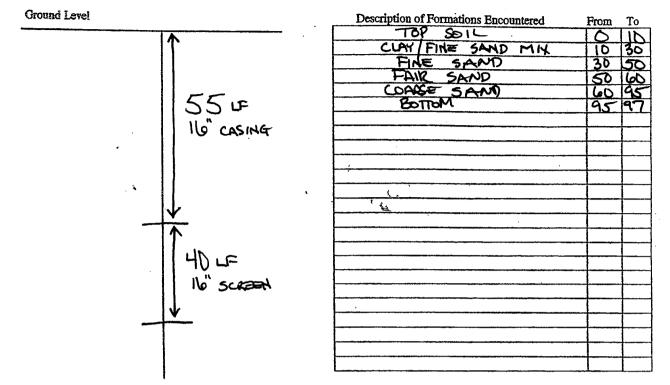
D. Paul .	school
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State Wel	t 1	For Office Use Only: Aquifer: FIR
ounty: <u>YAZOO</u> ermit #: <u>GW - 4498</u> Office of Land and	of Environmental Quality	Aquifer: 0
P.O. BO	x 10631	Well #:
(601)96	51-5210	
(001/001	6938 (fax)	E-log #:
State Law requires that this report be prepared by the d 30 days of completion of drilling of the well.		
Well Owner Information Well Owner Information		Il Location <u>•</u> " Longitude: <u>90 • 30 • 37</u> "
	Method of Lat/Long (circle	one): Conventional Survey,
· · · · · · · · · · · · · · · · · · ·	USGS quad, Hand-he	Id GPS.) Survey-grade GPS
Yazoo City, MS 39194 City State Zip Code		0 Twn 12N Rng 3W
Telephone No. ()	Distance Direction 5.5 Miles NW	of YAZOO CITY
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply (Date well drilling started: $3 - 28 - 20$ Date	Irrigation Fish Culture well drilling completed:	Other: 3-28-2011
If flowing, method of flow regulation: Valve Other (d	lescribe)	
Static Water Level:feet above or below (circle one)		
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 97 Well depth: 95	_ Well grouted to a depth of	of <u> </u>
Type of grout (circle one): Cement Bentonite Mix		P.V.C.
Casing length: <u>55</u> feet Casing diameter: <u>16</u>	inches Type of casing	$\mathbf{F} = \frac{\mathbf{P} \cdot \mathbf{V} \cdot \mathbf{C}}{\mathbf{O} \cdot \mathbf{I} \cdot \mathbf{C}}$
Screen length: <u>40</u> feet Screen diameter: <u>16</u>	inches Type of screen	<u>. P.V.C.</u>
Screen slot size: .050 inches Setting depth: From	<u>55</u> feet to_	95 feet
Type of completion (circle all applicable): Gravel packed Under		Open hole Natural Development
Other (describe):		
Top of izp pipe or reduction in casing:feet. If	telescoped or more than one	e screen, describe on back of page
Logs run (circie all applicable): No log run Electric Gamma Ra	ry Density Sonic Neutro	on Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in	accordance with all applic	able requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi D	epartment of Health regula	tions and state laws.
JOHN NEWCOME 0.773	- fol	Neuxone
Print Name of Water Well Contractor and License No.	V Signat	ure of Water Well Contractor

If well telescopes please sketch below and show depths.



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 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.

Signature of Water Well Contractor

County: <u>40700</u> Permit # <u>GW - 44981</u> Driller: <u>). Newcome 0</u> -773 Date completed: <u>3128/11</u> <u>Copy information from block on Part 1</u> <u>Pump Installer</u> Mississispi Departm Office of Land P.C Jacks (601)	TELL REPORT Part 2 r's Completion Report ent of Environmental Quality d and Water Resources D. Box 2309 on, MS 39225 01)961-5210 961-5228 (fax)	For Office Use Only: Aquifer:
This part of the report must be completed by a licensed water were report must be attached and both parts filed with the Department Well Owner Information Owner Name: 4200 COM44 School Districe Mailing Address: PO Box 12-7 Yazoo City MS 39194 City State Zip Code Telephone No. (t at the above address within 30 d Wel Latitude: 32 53 3 C Method of Lat/Long (check on USGS quad, Hand-held	ays of well completion. Longitude: <u><u>40</u> <u>30</u> <u>3</u> ne): Conventional Survey, GPS, Survey-grade GPS <u>(6 T DN R 3 U</u></u>
Pump Type Circle one Submersible Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Diesel Engine Gasolin Electric Motor Hand	
Pump Test Data Date Well Tested:	Air Line Electric Mer Other (specify): For flowing well, measured s Well yielded	easuring Water Level Circle one asuring Line Steel Tape hut in head:feet GPM with a drawdown of hours of pumping
This is for (circle one): New Well Replacement of I I HEREBY CERTIFY that the above statements are true to the best <u>Composed</u> O-711P Print Name of Sump Installer and License No. (if applicable)		Existing Pump

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APR 2 6 2011 BY: OLWR