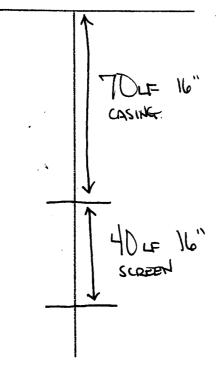
CoCaty: YAZZOO Permit #: Gwl - 44978 Driller: J. NEWCOME 0.773 Date drilling completed: 3-29-2011	Pa Mississippi Department Office of Land an P.O. Bo Jackson, MS (601)9	ell Report rt 1 of Environmental Quality d Water Resources ox 10631 5 39289-0631 61-5210 -6938 (fax)	For Office Use Only:    Aquifer:  79    Well #:
State Law requires that this repo	ort be prepared by the o	iriller in detail and filed v	vith the Department within
30 days of completion of drilling	of the well.		Il Location
Well Owner Informa	DON		" Longitude: 90.27.15
When Name DE FAMT	ver Road	Latitude:	
Mailing Address: 19383 Ki	Ver Bunn		ld GPS) Survey-grade GPS
			Twn 12 N Rng 3W
<u>YCTZOO (14</u> City Str	<u>MS 39194</u> zip Code		
		Distance Direction Miles NW	of <u>Nearest Town</u> CITY
Telephone No. ()			
	Well	Data	
Purpose of Weil (circle one) Home In	dustrial Public Supply (	Irrigation Fish Culture	Other:
Date well drilling started: 3-29-	2011 Date	well drilling completed: 3-?	29-2011
If flowing, method of flow regulation: Va	alve Other (	describe)	
Static Water Level:feet a			1
	steel tape electric tap	_	
Hoie depth: Well d	110	Well grouted to a depth o	ffeet
Type of grout (circle one): Cement	Bentonite) Mix	1	
	sing diameter:	inches Type of casing	P.N.C.
	reen diameter.	inches Type of screen	$\mathcal{D}_{\mathcal{A}}$
	•		
Screen slot size:			pen hole Natural Development
Type of composition (or one an approxim	Other (describe):		· · · · · · · · · · · · · · · · · · ·
Top of tap pipe or reduction in casing: _		telescoped or more than one	screen, describe on back of page
Logs run (circle all applicable). No log		ay Density Sonic Neutro	n Other:
Name of organization running log(s): I certify that the well was drilled, con	structed, and completed i	n accordance with all applica	able requirements of the Mississippl
Department of Environmental Qualit	y and/or the Mississippi I	)epartment of Health regulat	ions and state laws.
			$\mathbf{i}$
JOHN NEWCOME C	5.773	Jol	Newcon

If well telescopes please sketch below and show depths.

## Ground Level



Description of Formations Encountered From TOP SQIL O MIX CLAY SAND ID FAVE FINE SAND 3D COARSE SAND 7D BOTTOM 110	10 30 10 10 10 10
MIX CLAY SAND 10 FAIR FINE SAND 30 COARSE SAND 70	30
COARSE SAND 170	170 110 112
COARSE SAND 170	112
BOTTOM	112
	T
·	
(	
· 12	
	1

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

euc

Signature of Water Well Contractor

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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.

County: $40700$ Permit #: $6w - 44978$ Driller: <u>), New Come</u> 0-773 Date completed: $3/29/11$ Date completed: $3/29/11$	For Office Use Only:    Part 2    Ps Completion Report    nt of Environmental Quality    and Water Resources    Box 2309    n, MS 39225    )961-5210    61-5228 (fax)    contractor or a licensed pump installer. A copy of Part 1 of the    at the above address within 30 days of well completion.
report must be attached and both parts filed with the Department    Well Owner Information    Owner Name:  De Paul    Mailing Address:  19383    Mailing Address:  19383    Varoob  City    State  Zip Code    Telephone No. ()	Matthe above dadress within 30 days of well completion.    Well Location    Well Location    Latitude: 32 52 31 Longitude: 90 27 15    Method of Lat/Long (check one): Conventional Survey,    USGS quad, Hand-held GPS,    ME 1/4 Sec 24 T 1/2N R 3W    Distance    Miles    Miles Of
Pump Type Circle one  Submersible    Air Lift  Jet  Submersible    Bucket  Piston  Turbine    Centrifugal  Rotary  Flowing Well    Other (specify):	Power Type Circle one    Diesel Engine  Gasoline Engine  Natural Gas    Electric Motor  Hand  Tractor PTO    Windmill  Other (specify):
Pump Test Data    Date Well Tested:	Method of Measuring Water Level    Circle one    Air Line  Electric Measuring Line  Steel Tape    Other (specify):
This is for (circle one): New Well Replacement of Ex I HEREBY CERTIFY that the above statements are true to the best <u>Comp Rowe</u> O-TIP Print Name of Pump Installer and License No. (if applicable)	

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