State Well Report					
County: Yazoo 103 Part 1	For Office Use Only:				
Mississippi Department of Environmental Quality	Aquifer:				
Dan and the state of the state	Well #: K-7/				
Jackson, MS 39289-0631	L. S. Elevation:				
Date drilling completed: 3-28-05 (601)961-5210 (601)354-6938 (fax)	E-log #:				
hacot brugation and.					
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				
	Longitude: 90 · 28 · 905 4				
Mailing Address: 4019 WHITE GAD Method of Lat/Long (circle or	54				
USGS quad, Hand-held	GPS, Survey-grade GPS				
USGS quad, Hand-held VA 200 City MS. 39194 NW NW City State Zip Code NW NW District NW NW NW NW NW NW NW NW NW NW	Twn II Rng SW				
Telephone Note 62 571-5494 Distance Direction T. Smiles Direction	of Mearest Town				
Telephone Nac 42 511 - 1.5 Miles West	of Mazor City				
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture	Other:				
Date well drilling started: 3-28-05 Date well drilling completed: 3-28-05					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level:feet above or below (circle one) land surface Date measured:_	3-28-05				
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 87 Well depth: 85 Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 73 feet Casing diameter: 124 inches Type of casing: Pvc					
Screen length:					
Screen slot size: 1051 inches Setting depth: From 60 feet to 65 feet A 150					
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.					
James ME DONALD #332 James	W/Sarald				
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor					

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nd Level		Description of Formations Encountered	From	То
J		Tolsoil	0	10
	12" Casing	Mix Clay	0-	40
	Leo'	FINE Samo	46	60
2" SCREON		MED. Some	60	65
	(65) 124 (AS), C	FINEDAND	65	F 7:
		MED COARSE SAND	73.	83
-	73	Cray Clay	85	-87
12 Schie				· ·
	+ 85'			
	+ 85' + 87'			

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.

2.4 11.65

Hwy149

Landowner Name: DENNY Paul Farms

Signature of Water Well Contractor

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STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) Elevation: 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 Lecation Owner Name: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town **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 Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: 3-28-05 Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level

Date Well Tested:	/ 00	Circle one
Static Water Level (A):		Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):	Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]:	Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:	Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum	4 hours):hours	feet afterhours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledg Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

APR 26 2005

BY: OLWR