De P	AUL RRWEU ROAD	
	ell Report	
	art 1	For Office Use Only:
	of Environmental Quality	Aquifer: 437
	nd Water Resources	Well #:
	ox 10631 IS 39289-0631	L. S. Elevation:
	961-5210	
(601)354	4-6938 (fax)	E-log #:
State Law requires that this report be prepared by the	driller in detail and filed v	vith the Department within
Well Owner Information	30 days of completion of drilling of the well. Well Owner Information Wel	
OWNER Name Denny Paul Farms		
Mailing Address: 4019 Whites Lane Rel	Method of Lat/Long (circle o	ne): Conventional Survey,
	1	d GPS, Survey-grade GPS
Vazon City MS 39194	SE 4 SN4 Sec 25	Twn 12 N Rng 3W
City State Zip Code	Ains State 7in Code	
Telephone No. ()	Distance Direction	of YAZOO City
Telephone No. (
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: 5-10-10 Date		
If flowing, method of flow regulation: Valve Other (describe)	
Static Water Level:feet above or below (circle one)	land surface Date measured	
Method of Measurement (circle one) steel tape electric tape	e air line other:	
Hole depth: 103 Well depth: 100	_ Well grouted to a depth of	LO feet
Type of grout (circle one): Cement Bentonite Mix	:	
Casing length: 70 feet Casing diameter: 10		_
Screen length: 30 feet Screen diameter: 0	-	
Screen slot size:inches Setting depth: From	•	
Type of completion (circle all applicable): Fravel packed Under	erreamed Telescoped Ope	en hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one s	creen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):		•
I certify that the well was drilled, constructed, and completed in	accordance with all applicab	le requirements of the Mississipp

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No.

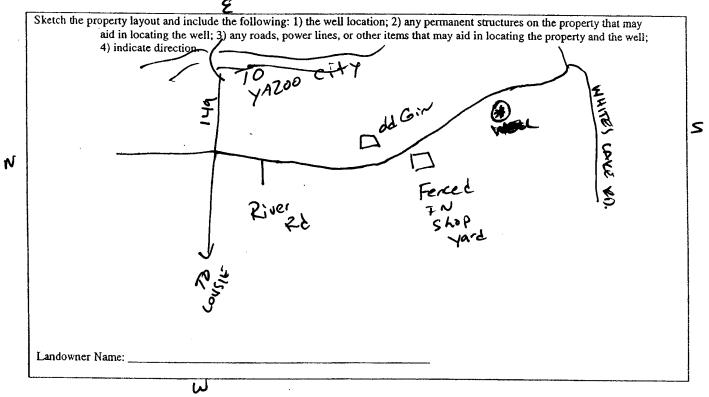
Signature of Water Well Contractor

Ground	ł	I evel
OLUMIN	ш.	LEVEL

, C1	
	_
	CASENG
-	_ 50
SCREEN	_60
	CASE~6
	- 80
Scream	-100

Description of Formations Encountered	From	To
18PSoil	0	19
Mix CIAY	10	38
fine Sand	38	40
PeAGravel	40	60
Five sand	60	80
COArse San E	80	100
grave/	100	10
		

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



Signature of Water Well Contractor

STATE WELL REPORT Part 2

County: Ya Zoo Pump Instal Mississippi Depar Office of L

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:		
Aquifer:	L37	
Well #:		
Elevation:		

5-10-10	Jackson, MS 39289-0631		Well #:	
Date completed: 5-10-10	(601)961-5210 (601)354-6938 (fax)		Elevation:	
This report should be prepared by the installation of pump.	pump installer in detai	and filed with the Departmen	nt within 30 days of the	
Well Owner Informati	on	Wel	Location	
Owner Name: Denny Paul 1	Farms	Latitude: 32°51'11" Longitude: 90°27'26"		
Mailing Address: 4019 Whites Lane Rd		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad Hand	I-held GPS, Survey-grade GPS	
Yazoo City	MS 39194 Zip Code	SE 14 14 Sec 25 Twn 12N Rng 3W		
City State/	Zip Code	Distance Direction	Nearest Town	
Telephone No. ()	~~~		of Yazoo City	
Ритр Туре		Po'	wer Type	
Circle one		1	ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne 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	20	
Date Pump Installed: 511110		Setting Depth:	feet	
OAA '		Number of Stages:		
Pump Test Data		Mathad of M	Taraban Taraba	
-	•		easuring Water Level	
Date Well Tested:		Air Line Electric Mea	asuring Line Steel Tape	
Static Water Level (A):Feet	•	Other (specify):		
	Below Land Surface			
Drawdown [(B) - (A)]:Feet	Below Land Surface	For flowing well, measured si	hut in head:feet	
Test Pumping Rate:	Gallons Per Minute -	lons Per Minute Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping		hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Con Rowe 0-711P Chrow				
Print Name of Pump Installer and License I	No. (if applicable)	Signature of Pump I	nstaller	
		······································		