	State Well Report		For Office Use Only:	
County: Sasoa	Part 1		roi Olifee ose Omy.	
		t of Environmental Quality	Aquifer:	
Permit#:		nd Water Resources	Well #: P - 67	
Driller: EM Bus CRESSWELL		Sox 10631		
Date drilling completed: 9-27-04		IS 39289-0631	L. S. Elevation:	
Date drilling completed:	, , ,	961-5210 4-6938 (fax)	E-log #:	
	[001)35	1-0730 (IdA)	17·10g #.	
State Law requires that this rep	ort he prepared by the	driller in detail and filed	with the Department within	
30 days of completion of drilling	of the well.			
Well Owner Information		Wel	Location	
70000	£	27.1/2,20	" Longitude: 26 ° 35 " "	
Owner Name Zerry Co	71	Latitude: 12 47 10	Longitude: 10 25	
Mailing Address: 47 DEERHAUEN DR.		Method of Lat/Long (circle one): Conventional Survey,		
#	*		USGS quad, Hand-held GPS, Survey-grade GPS	
BRANDON MS. 39110 City State Zip Code				
City	State Zip Code	Division Nomest Town		
Telephone No. (60) 594-69	00	Distance Direction Miles V-W	of electrical	
Telephone 140.			7	
	Well 1	Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
9.7	7-04	11 deilling gommleted: 9	-27-0/H	
Date well drilling started: $9-27-04$ Date well drilling completed: $9-27-014$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: / feet above on below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 80 feet Casing diameter: 4 inches Type of casing: PUC Screen length: 20 feet Screen diameter: 4 inches Type of screen: PUC				
Screen slot size: 0/6 inches Setting depth: From 80 feet to 100 feet				
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, described by				
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 Wississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
E.M. "Bus "RESSWELL 0-150 But Cumwell				

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Gumbo 0 4	round Level	PIM	Description of Formations Encountered	From	To
more than one screen, show location of each on sketch The property layout and include the following: 1) the well location; 2) any permanent structures on the property and the well; 4) indicate direction. RECEIVED OCT 2 1 2004	fortig tyevet	0-61	Gumbo		4
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	vner Name:	FRRY COX	RECE 0CT 2	EIVE[

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Z Permit#:

Date completed:

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

(601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #: P-67		
Elevation:		

This report should be prepared by the pump installer in de- installation of pump.			
Well Owner Information	Well Location		
Owner Name: Zerry Cop	Latitude: 32-43-30 Longitude: 90-35		
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,		
	USGS quad Hand-held GPS, Survey-grade GPS		
City State Zip Code	1/4 Sec Twn Rng		
	Distance Direction Nearest Town		
Telephone No. ()	Miles of		
Pump Type Circle one	Power Type 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:		
Date Pump Installed: 9-27-04	Setting Depth: 6 3 feet		
Rated Pump Capacity: 20 Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A): Feet Below Land Surface	Air Line Blectric 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:		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet after OCI 2 1 2004 primping		
	BY: OLWR		
I HEDERY CEPTIEV that the shorte statements are true to the best	of my knowledge		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. EM. Br. A. Chemister 10 0 - 150 Bulk Carming and Sell Carmin			
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		