10	State W	en Kehort	T 000 71 0 1	
County: 10100	Part 1 For Office Use Only:		For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality   Aquifer:		Aquifer:	
~ 10	Office of Land and Water Resources  No. Rev. 10624- 2-2066  Well #:		Well #: _ 0 - 59	
Driller M. BUD CRESSWELL	Toolson MG 20200 0441 20			
Date drilling completed: 1125-08	Jackson, MS 39289-0631 392 2 S L. S. Elevation:		L. S. Elevation:	
	, ,	4-6938 (fax)	E-log #:	
State Law requires that this rep		driller in detail and filed w	ith the Department within	
30 days of completion of drilling of the well.  Well Owner Information Well Location				
Well Owner Information		• _		
Owner Name ERRY RUFF, N		Latitude: 32.44.	" Longitude: 20 • 29"	
Mailing Address: 450 Hwy 495		Method of Lat/Long (circle one): Conventional Survey,		
7	7		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		NW 1/4 Nw 1/4 Sec / Twn 10 N Rng 3 W		
Telephone No. (60/) 939-89		Distance Direction Miles	of Aspen City	
	Well 1	)ata	9	
			<i>?n</i>	
Purpose of Well (circle one) Home Ind			Other: Camp.	
Date well drilling started: $(1 - 8 - 8)$			2508 1	
If flowing, method of flow regulation: Va	* · · · · · · · · · · · · · · · · · · ·	/		
Static Water Level: 142 feet above on below (circle one) land surface Date measured: 1-25-08			11-25-08	
Method of Measurement (circle one)				
Hole depth: 440 Well de	pth: 430	Well grouted to a depth of _	/ Dfeet	
Type of grout (circle one): Cement Bentonite Mix			0	
Casing length: 400 feet Casi				
Screen length: $\frac{70}{100}$ feet Screen	en diameter: <u></u>	inches Type of screen:	000	
Screen slot size: 6/0 inches Setting depth: From 400 feet to 430 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, 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.				
ERNEST M. CRESSWELL 0-150 EINERD SESSWELL				
Print Name of Water Well Contractor and License No.		Signature of	Water Well Contractor	

State Well Report
Part 1

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Ground Level		Description of Formations Encountered	From	To
	·····	Red CLAY	0	40
		JAND- GRAVEL	65	112
		VAZOOL CLAY	1/2	160
		Moudes BRANCH	160	190
	_	SANDUS SHALE	190	220
		SHALE	220	377
	C.	5AND	377	440
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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.		
Landowner Name: TERRY RUFFIN		

Signature of Water Well Contractor

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## STATE WELL REPORT

## Part 2

County:

Permit#:

**Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 2309

Jackson, MS 39289-0631 3 922 S (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
quifer:	
/ell#: <u>Q</u> -59	_
levation:	

	<u> </u>			
This report should be prepared by the pump installer in deta installation of pump.	all and filed with the Department within 30 days of the			
Well Owner Information	Well Location			
Owner Name: JERRY RUFFIN	Latitude: 32-44 Longitude: 90-29			
Owner Name: JERRY RUFFIN  Mailing Address: 450 Hwy 495	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Ric HLAND, MS 39218 City State Zip Code	14			
	Distance Direction Nearest Town			
Telephone No. 60/ ) 939-8997	6 Miles Louth of Janoo City			
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: 12-1-08	Setting Depth: 3/5 feet			
Rated Pump Capacity: 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 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			
	1			
I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.			
ERNEST M. CRESSWELL 0-150	Einest M. Cressibell			
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer				

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DEC: 0 3 2008

BY: OLWR