	State W	Vell Report		
County: Desato	Part 1 – Driller's Log		For Office Use Only:	
1	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: D- 100	
Driller: Jaco W. Moses	P.O. Box 10631			
Date drilling completed: 7 - 4-05	1	MS 39289-0631 961-5210	L. S. Elevation:	
Date drining completed.		4-6938 (fax)	E-log #:	
	_ (***)**	()		
State Law requires that this repo Department at the above addres	rt be prepared by the lic s within 30 days of com	ense holder responsible for t pletion of drilling of the well	he work and filed with the or borehole.	
Information on Well	Owner		rehole Location	
(Landowner if borehole is not j	for a water well)	Jarinda 34 . 58 ,05%	" I amainuda 89 . 46 . 339"	
Owner Name Ms Jones		Latitude: 07 03	" Longitude: 89 . 46 , 339,"	
Mailing Address: 7077 Ston		Method of Lat/Long (circle on	e): Conventional Survey,	
	,	USGS quad, Hand-held	GPS) Survey-grade GPS	
<u>Dleasent Su</u> Occue Brace M City St	386.51	NE 1/ 5W 1/ Sec 30		
City Store Of Store	ate 7in Code	Distance Direction	Nearest Town	
	_	1314 Miles ~w	of hardy corner	
Telephone No. (42) 895- 510	34			
	Well / Bore			
Date drilling started: 7-4-05 Date drilling completed: 7-4-05 Hole depth: 230 & Hole diameter: 8"				
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:  NA				
Logs run (circle all applicable): No log ri Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not relate	d to water well construction	on, skip the remainder of this blo	ock	
Purpose of Well (check one): Home / Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 100 feet above or below circle one) land surface Date measured: 7-4-05				
	steel tape electric tape		ing (weight	
Well depth: 30 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 310 feet Casing diameter: 4 inches Type of casing: $\rho \vee c$				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: 20				
Screen slot size: 1010 inches Setting depth: From 010 feet to 30 feet				

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

feet. If telescoped or more than one screen, describe on next page

Other (describe): \_

Top of lap pipe or reduction in casing:  $\nearrow A$ 

Form: OLWR-SWR-1A

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The	sketch	helow	only re	auired	for	water wells
4 100	SHELLIN	UCIUN	UIIIY I C	444164	ıvı	mutet mens

If well telescopes, show depths on sketch. Ground Level\_

## Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground Level	
arouel	25	40
Blue clay	40	100.
Blue clay white clay white sove	Leso	130
Blue clay	130	140
white clay	140	180
inhite Sovie	[80	930
		1

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

Sketch the property layou aid in locati 4) a north as	ng the well; 3) any road	ing: 1) the wells, power lines,	location; 2) any permanent struct or other items that may aid in loca	ures on the property that may ting the property and the well;
<b>V</b>	drive of	we <sup>(1</sup>	Stauley drive	E
Landowner Name:	ns Jones	5		

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Print Name of Responsible Licensee and License No.

Signature of Licensee

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## STATE WELL REPORT

## County: Dexet Permit #:

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

For Office Use Only:				
quifer:				
Vell #: D - 160				
levation:				

Driller: Joses W. Mason	P.O. I	and Water Resources Box 10631	Well#: D - 100	
Date completed: 7-4-05	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		Elevation:	
Copy information from block on Part 1  This part of the report must be completed	, , ,	1	staller. A copy of Part 1 of the	
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.  Well Owner Information  Well Location				
Owner Name: Jones		Latitude: 99.30.036	Longitude: 89,46, 309	
Mailing Address: 7077 Stanley drue		Method of Lat/Long (check one): Conventional Survey,		
pleasant sui		USGS quad, Hand-held	GPS, Survey-grade GPS	
City State	38654	NE 1/2 SW 1/2 Sec 30 T 15 R 5W		
City State Zip Code		Distance Direction Nearest Town		
Telephone No. (663) 895. 518	34	<u>∫3/4</u> Miles <u>N</u> of	hondy corner	
Pump Type		Pov	ver Type	
Circle one		Cit	rcle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):	
Other (specify):		Horse Power Rating of Motor:	_314	
Date Pump Installed: 7-4-05		Setting Depth:	feet	
Rated Pump Capacity: 12	Gallons Per Minute	Number of Stages:		
Pump Test Data			asuring Water Level	
Date Well Tested: 7-4-05				
Static Water Level (A): 100 Feet Below Land Surface		Air Line Electric Meas		
Pumping Water Level (B): \(\triangle A \) Feet	Below Land Surface	Other (specify): String	weight	
Drawdown [(B) – (A)]:	Below Land Surface	For flowing well, measured sh	ut in head:feet	
Test Pumping Rate: ( 2	Gallons Per Minute	Well yielded l 2	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	<u>24</u> hours	feet after	hours of pumping	
I HEREBY CERTIFY that the above staten		f my knowledge.	a	

I HEREBY CERTIFY that the above statements are true to the best o	f my knowledge.	
Jones w Moson	Jan W. Mann	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWESWEINED

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