State W	For Office Use Only:
	art l
Mississippi Departmen	t of Environmental Quality and Water Resources Well #: F- 129
P.O. H	Box 10631
Jackson, N	IS 39289-0631 L. S. Elevation:
Date drilling completed: $10 - 10 - 04$ (601)	961-5210 4-6938 (fax) E-log #:
TIME TANK A AND A	
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Nort west Mississippi Reality Assn.	Latitude: <u>34 • 54 · 983</u> " Longitude: <u>89 • 59 · 861</u> "
Mailing Address: 2795 Hury 5	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
how lake Ms. 38637 City State Zip Code	NW 14 NE 14 Sec 24 Twn 25 Rng 8W
City State Zip Code Telephone No. (1612) 449 - 3553	Distance Direction Nearest Town 119 Miles <u>M</u> of <u>Nes6</u> ; +
	Data
Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: 10- 0-04 Date	Lingadon
Date well drilling started: <u>10-0-04</u> Date	(leasthe)
If flowing, method of flow regulation: Valve Other	describe)
Static Water Level: <u>130</u> feet above or below (circle one	land surface Date measured: 18 1 19
Method of Measurement (circle one) steel tape electric tap	e air line other: <u>string/weight</u>
Hole depth: <u>295'</u> Well depth: <u>295'</u>	
Type of grout (circle one): Cement Bentonite Mi	
Casing length: <u>375</u> feet Casing diameter: <u>4</u>	inches Type of casing:
Screen length: <u>20</u> feet Screen diameter: <u>4</u>	inches Type of screen: PSC
Screen slot size: <u>. 010</u> inches Setting depth: From	feet toieet
Type of completion (circle all applicable): Gravel packed Unc	lerreamed Telescoped Open hole Natural Development
Top of lap pipe or reduction in casing: <u>~~</u> feet. If	telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma R	
Name of organization running log(s): I certify that the well was drilled, constructed, and completed i	n accordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi I	Department of Health regulations and state laws.
	\sim
Jones W. Mason 0-620-	Signature of Water Well Contractor
Print Name of Water Well Contractor and License No.	
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	BY: OLWR

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F-129

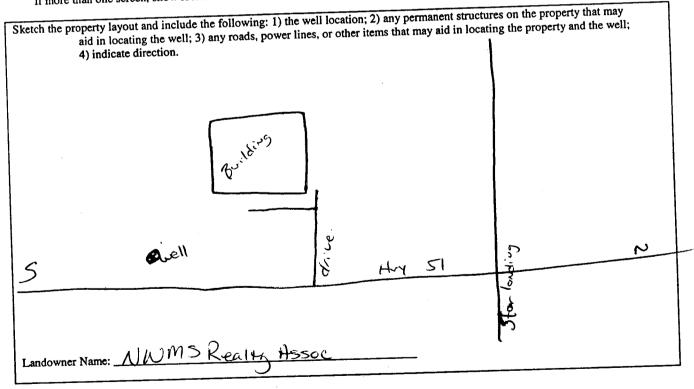
If well telescopes please sketch below and show depths.

Ground Level

. .

Description of Formations Encountered	From	To
Clay dirt	0	26
	25	40
Brue cley.	40	50
	50	80
<u>grovel</u>	80	130
Blue cley	130	165
white soud	165	220
Blue clay	220	295
white soind.		
	_	
	-	
	-+	+
		+{
		+
		+
		+
		_

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



Gores w. Mason

Signature of Water Well Contractor

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	STATE WE	LL REPORT	
\bigcirc	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631		For Office Use Only:
County: Descile			Aquifer:
Permit #:			
Driller: Jones a Mason			Well #: F-129
Date completed: (0 - 11 - 04 -	(601)	961-5210	Elevation:
· _		4-6938 (fax)	
This report should be prepared by the installation of pump.	e pump installer in detai		
Well Owner Information			ell Location
Owner Name: North west Miss	sissipp: Ae-lity Asson Latitude: 34-54-08		3] Longitude: <u>87 - 57 - 8</u>
Mailing Address: 2795 Hay		Method of Lat/Long (circle	one): Conventional Survey,
		USGS quad, Ha	and-held GPS. Survey-grade G
how lake m	5 351037	NW 4NE 4 Sec.	<u>94_Twn 35 Rng 80</u>
City State		Distance Direction	
112 1110 20	5 3	1'14 Miles	
Telephone No. (662 449 - 35		Miles	
Pump Type			Power Type
Circle one			Circle one
Air Lift Jet	Submersible	Diesel Engine Gase	oline Engine Natural
Bucket Piston	Turbine	Electric Motor Har	
Centrifugal Rotary	Flowing Well		ner (specify):
Other (specify):	<u></u>	Horse Power Rating of Mo	otor: <u>34</u>
Date Pump Installed: / 0 - 11 - 0 4		Setting Depth:	60'feet
Rated Pump Capacity:30	Gallons Per Minute	Number of Stages:1	
	······································	Method of	Measuring Water Level
Pump Test Data			Circle one
Date Well Tested: 10-11-64		Air Line Electric I	Measuring Line Steel Ta
Static Water Level (A): <u>130</u> Fe	et Below Land Surface		and weight
Pumping Water Level (B):Fe		Outer (specify):	J
Drawdown [(B) – (A)]:Fe		For flowing well, measure	ed shut in head: <u>^7</u>
Test Pumping Rate: 72		Well yielded 77	GPM with a drawdown
			ter $\underline{24}$ hours of pur
Duration of Pump Test (minimum 4 hour	s):hours		
	- •		
I HEREBY CERTIFY that the above stat	tements are true to the best		
Jones w. Mason		Signature of Pur	<u></u>

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