State Well Report				
County: Desate		Driller's Log	For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: K-223	
Driller: Jenes w. Mosor.		Box 10631	Well#: 1-225	
Date drilling completed: 8-38-05	· ·	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 0 3		961-5210	F. 1. "	
] (001)334	4-6938 (fax)	E-log #:	
State Law requires that this repor Department at the above address	within 30 days of comp	letion of drilling of the well	or borehole.	
Information on Well (Well or Bo	rehole Location	
(Landowner if borehole is not fo	·	Latitude: 34 . 49 , 321	" Langitude: 90 . 00 , 096,	
Owner Name J-B. Builde	rs-) Daniale	Longitude.	
_		Method of Lat/Long (circle on	" Longitude: 90 000, 996, e): Conventional Survey,	
Mailing Address: $\frac{9538}{00}$	GLOGGE WONLON	USGS quad Mand-held	GPS Survey-arade GPS	
cot grock	Subdivigen.	Octob diame, Fland-Hold	GPS Survey-grade GPS	
•		NE 1/2 SW 1/4 Sec 1/6	Twn 35 Rng Pw	
hernondo ms City Stai	te Zip Code	Distance Direction	Nearest Town	
·	•	Miles SE	Nearest Town of fices (Sincer	
Telephone No. (90) 351-34	90			
	Well / Bore	hole Data		
0.0				
Date drilling started: 8-38-65 Date dri	illing completed: <u>&- うぞ- c</u>	Hole depth: 125	Hole diameter:&	
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):				
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
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: 40 feet above on below (circle one) land surface Date measured: 8-28-05				
Method of Measurement (circle one) steel tape electric tape air line other: String (weight				
Well depth: Well grouted to a depth of feet				
Casing length: 108 feet Casing diameter: 4 inches Type of casing: pol				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: DC				
Screen slot size: , C(O inches Setting depth: From 108 feet to 1(8 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				

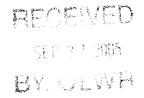
Other (describe): ___

NA.

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

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



K-223

The sketch below only required for water wells

If well telescopes,	show	depths	on	sketch
Ground Level.		7		

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	99.
great	3 2	40
white clay	પઠ	\$O
grovel	50	<i>O</i> 8
white soud	80	135
		1
	1	
		1
	-	
		†
		
	 	1
	 	
	 	+
		l

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

Sketch the property layout and inch aid in locating the we 4) a north arrow.	de the following: 1) the well location; 2) any policy any roads, power lines, or other items that	ermanent structures on the property that may may aid in locating the property and the well;
29 we11		
house		
Z		N
		
Landowner Name:	Builders- 3	
		Form: OLWP SWP 1

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 laws.

James w. Mosen 0-620 9-23-05

Print Name of Responsible Licensee and License No.

BY: OLWA

	STATE WE	LL REPORT		
County: Ocsato		rt 2	For Office Use Only:	
•	Pump Installer's	Completion Report		
Permit #:	Mississippi Department	of Environmental Quality and Water Resources	Aquifer:	
Driller: Janes wi Mosca		ox 10631	Well #: K- 223	
Date completed: 8-38-65		S 39289-0631	Well #:	
Date completed: 8. 30 23		961-5210 1-6938 (fax)	Elevation:	
Copy information from block on Part 1		,		
This part of the report must be complete report must be attached and both parts f	d by a licensed water well c iled with the Department a	the above address within 30 a	ays of well completion.	
Well Owner Inform	ation	Well Location		
Owner Name: J- B. Bui	lders-	Latitude: 34, 49, 371	Longitude: 99-03 - 090	
Mailing Address: 3538 ook	droons wound		hod of Lat/Long (check one): Conventional Survey,	
Oak grown	Suidivison	USGS quad, Hand-held GPS, Survey-grade GPS		
herwando M'	7 38637 Zin Code	NE% SW% Sec 16 T 35 R OW		
City State		Distance Direction	Nearest Town	
Telephone No. (901) 351-3494		Miles SE of frees corner		
		Po	ower Type	
Pump Type Circle one		l e	Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	1	(specify):	
Other (specify):		Horse Power Rating of Moto	r. 314	
Date Pump Installed: 8-38-05		Setting Depth:feet		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	11	
Pump Test Data			leasuring Water Level	
Date Well Tested: 8-38-0	5	1	Circle one	
•		Air Line Electric Measuring Line Steel Ta		
Static Water Level (A):F		Other (specify): Strin	g lweight	
Pumping Water Level (B): $\nearrow A$ F		E . G	shut in head: NA feet	
Drawdown [(B) - (A)]:F		1	GPM with a drawdown of	
Test Pumping Rate: 12	_			
Duration of Pump Test (minimum 4 hou	urs): 34 hours	Afeet after	hours of pumping	
	otomonto que true te the heat	of my knowledge.		
I HEREBY CERTIFY that the above st	_	Jones V. A	100-	
Jones w. Mosas	0-630			
Print Name of Pump Installer and Licer	se No. (if applicable)	Signature of Pump	Form: OLWR-SWR	

3E+ 2 / 700b BY GLWA