	State W	eli Report 💎 🛚 🕆	For Office Hee Only	
County: Ocsoto	Part 1 – Driller's Log		For Office Use Only:	
•	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:		nd Water Resources	Well#: M-189	
Driller: Tones w. Moson		Sox 10631 IS 39289-0631	L. S. Elevation:	
Date drilling completed: 6-3-06	=	961-5210	L. S. Elevation:	
Date drining completed.	, ,	1-6938 (fax)	E-log #:	
	, ,	, ,		
State Law requires that this repo Department at the above address	rt be prepared by the lice within 30 days of comp	ense holder responsible for t letion of drilling of the well	he work and filed with the or borehole.	
Information on Well	Owner	Well or Bo	rehole Location	
(Landowner if borehole is not f	or a water well)	Latituda 34 . 49 , 013	" Longitude 89 . 48 . 27/"	
Owner Name Trent Ro	<b>.</b> 22	Latitude.	" Longitude: 89 • 48 · 771"	
Mailing Address: 9899 Ing N		Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: 18 11 2ng . 1V	USGS quad, Ha		GPS Survey-grade GPS	
01 2 :		NE 4NE 4 Sec 23		
Olive Branchny City Sta	38654		İ	
City Sta	ite Zip Code	Distance Direction	Nearest Town of Tayen mill	
Telephone No. (801) 508 - 6	707	O TO MILES DO	or yem loui	
		hole Data		
Well / Borehole Data				
Date drilling started: 6-3-06 Date drilling completed: 6-3-06 Hole depth: 95 Hole diameter: 63/4				
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 $\nearrow A$ Other (describe)				
Static Water Level: 30 feet above of below (circle one) land surface Date measured: 6-15-06				
Method of Measurement (circle one) steel tape electric tape air line other: Sting weight				
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 85 feet Casing diameter: inches Type of casing:				
Screen length:				
Screen slot size: Oto inches Setting depth: From 85 feet to 95 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 next page

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90

32

From (depth) To (depth)

Ground Level

90

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered

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.			
	W.A.		
If more than one screen, show location of each on sketch  Sketch the property layout and include the following: 1) the well le aid in locating the well; 3) any roads, power lines, or 4) a north arrow.			
, , w north who w	ζ		
	7		
House Prison			۲٠/
Landowner Name: Text 2055	هم		
I certify that the well/borehole was drilled, constructed, and con		ll applicable requ	
Mississippi Department of Environmental Quality and the Missi	issippi Department of Health	regulations, if a	pplicable, and state
Janes w. Mason. 0-620 5-30-	ce gas	w. More	RECEIVED
Print Name of Responsible Licensee and License No. Dat	e Signat	ure of Licensee	PECEIVED  JUL 10 2006  BY: OLWF
			BY OLWF

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

## STATE WELL REPORT

## County: <u>Nesato</u> Permit #: Driller: Jones w Mosen.

## Part 2

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

For Office Use Only:			
Aquifer:			
Well#: M- 189			
Elevation:			

Date completed: 6-1	5-06	•	MS 39289-0631	Well #:		
Copy information from		,	1)961-5210 54-6938 (fax)	Elevation:		
This part of the rep	ort must be comple	 ted by a licensed water well	contractor or a licensed pump is	nstaller. A copy of Part 1 of the		
report must be attac	report must be attached and both parts filed with the Department at the above address within 30 days of well completion.					
,	Well Owner Infor	mation	Wel	l Location		
Owner Name: Treat Ross.		Latitude: 34.49. 013	Longitude: 89 · 48 · 771			
		Latitude: 34.49. 013 Longitude: 89.48.771				
Mailing Address: 9899 In Mill 18.		Method of Lat/Long (check or	ne): Conventional Survey,			
Olive Branch Ms 38654		USGS quad, Hand-held GPS, Survey-grade GPS				
		NE 1/ NE 1/ Sec 22 T 35 R 6W				
					City State Zip Code	
Talanhama No. (904) 500 c 6303		212 Miles SW .	& Ingens Mill			
Telephone No. (901) 508 - 6307		Vines				
	Pump Type Circle one		Power Type Circle one			
1	Circle dile	~		nete one		
Air Lift	Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas		
Bucket	Piston	Turbine	Electric Moto Hand	Tractor PTO		
Centrifugal	Rotary	Flowing Well	Windmill Other	(specify):		
Other (specify):		Horse Power Rating of Motor:				
Date Pump Installed: 6-15-06		Setting Depth:	(Ofeet			
			Number of Stages:			
Rated Pump Capacit	у: <u>г.</u>	Ganons Per Minute	Number of Stages.			
Pump Test Data			easuring Water Level Circle one			
Date Well Tested:	6-15-06					
Static Water Level (A): Feet Below Land Surface		Air Line Electric Mea	asuring Line Steel Tape			
Static water Level (A): Feet Below Land Surface		Other (specify): 5tring	lueight			
Pumping Water Level (B): Feet Below Land Surface			, <u>.</u>			
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured si	hut in head: トロ feet			
Test Pumping Rate:		Gallons Per Minute	Well yielded 12	GPM with a drawdown of		
				∂4 hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Jones or Moson	Signature of Pump Installer	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	For BOLVE SVRV

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