	State Well	Report					
County: Desato	Part 1 – Drill	er's Log	For Office Use Only:				
	Mississippi Department of	Aquifer:					
Permit #:	Office of Land and V		Well #: <u>M-193</u>				
Driller: Jones w Mason	P.O. Box						
Date drilling completed: 2-19-06,	Jackson, MS 39 (601)961-		L. S. Elevation:				
Date driving completed. 7-14-06	, ,		E-log #:				
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.							
Information on Well (		Well or Bo	rehole Location				
(Landowner if borehole is not f	or a water well)	itude: 34 • 46 • 884	" Longitude: 89 • 43 , 975"				
Owner Name Roger Boss		53	" Longitude: $89 \cdot 43 \cdot 975$ "  S 8  (e): Conventional Survey,				
Mailing Address: 5401 william	Me	thod of Lat/Long (circle or	e): Conventional Survey,				
Maining Address: 3 10 COT 11162	R VOL	USGS quad. Hand-held	GPS, Survey-grade GPS				
Buch line M	38611	- 1/100 1/1 Sec 3 3					
Byhalia M City Sta	te Zip Code Dis	tance Direction	Nearest Town				
	, , , , , , , , , , , , , , , , , , ,	112 Miles SE	of Cockrum				
Telephone No. (462) 838-6549-							
Well / Borehole Data							
Date drilling started: 7-19-06 Date drilling completed: 7-19-06 Hole depth: 155 Hole diameter: 6314							
Location of the source of any surface water used for drilling:							
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 NA Other (describe)							
Static Water Level:feet above on below (circle one) land surface Date measured:) - 20-06							
Method of Measurement (circle one) steel tape electric tape air line other: String (weight							
Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: 145 feet Casing diameter: 4 inches Type of casing: put							
Screen length: 10 feet Screen diameter: 4 inches Type of screen: pot							
Screen slot size: 000 inches			55 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development							
	Other (describe):	A					

Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

**RECEIVED** 

AUG 2 3 2006

BY: OLWR

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

If more than one screen, show location of each on sketch  Section 19	Ground Level	Des	cription of Form	nations Encountered	From (depth)	To (depth)
If more than one screen, show location of each on sketch  Setch the property byout and include the following: 1) the well location; 2) sary 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) a north arrow.  So well  So well  Form: OLWR-SWR-IA service that the well/b-orehole was drilled, constructed, and completed in accordance with all applicable requirements of the service property that the well-b-orehole was drilled, constructed, and completed in accordance with all applicable requirements of the service property and the Mississippi Department of Health regulations, if applicable, and state of the service property of the			Cley di	<u>ሉ.</u>	Ground Level	
If more than one screen, show location of each on sketch  etch 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 reads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.  © well  form: OLWIR-SWR-1A strifty that the well/horehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissispip Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  ### RECEIVITATION OF Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20					15	
If more than one screen, show location of each on sketch  ctch 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) a north arrow.  Surell  Form: OLWR-SWR-1A rritify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the assissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  Surell  Signature of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  Surell  RECEIVI						65
Andowner Name: Responsible Licensee and License No.  Date    Content   Conte		ļ	white	Songl	65	(55
Andowner Name: Responsible Licensee and License No.  Date    Content   Conte		<u> </u>				
retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8.	1	<u> </u>			ļ	
retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8. Form: OLWR-SWR-1A Signature of Licensee and License No.  Back Signature of Licensee  AUG 2 3 20						
retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state it Name of Responsible Licensee and License No.  Date    Content   Content						
rify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8.						
rify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8.						
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8						
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8						
Form: OLWR-SWR-1A titly that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  RECEIVI  To Name of Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20					<u> </u>	
Form: OLWR-SWR-1A titly that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  RECEIVI  To Name of Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20						
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8						
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8						
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8						
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8						
Form: OLWR-SWR-1A titly that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  RECEIVI  To Name of Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20						
Form: OLWR-SWR-1A tify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the issippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  RECEIVI  To Name of Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20		<del> </del>			ļ	
Form: OLWR-SWR-1A titly that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  RECEIVI  To Name of Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20	İ	·			<del>                                     </del>	
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8		<u> </u>			ļ	
Form: OLWR-SWR-1A rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8						
ritify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  8. FECEIVI 1. Signature of Licensee and License No.  1. Date  1. Signature of Licensee  1. Date  1. Signature of Licensee  1. Date  1. Support shad in locating the property that may aid in locating the property and the well;  2. Aug of the property and the well;  3. Aug of the property and the well;  4. In locating the property that may aid in locating the property and the well;  4. Aug of the property and the property and the well;  4. Aug of the property and the well;  4. Aug of the property and in locating the property and the well;  4. Aug of the property and in locating the property and the well;  4. Aug of the property and in locating the property and the well;  4. Aug of the property and in locating the property and the well;  4. Aug of the property and the well;  4. Aug of the property and in locating the property and the well;  4. Aug of the property and the well;  5. Aug of the property and the well;  6. Aug of the property and the well;		<u> </u>			<u></u>	
Andowner Name: Regar Bass  Form: OLWR-SWR-1A  tiffy that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  Torre w Major Responsible Licensee and License No. Date Signature of Licensee AUG 2 3 20	aid in locating the well; 3) any ro	owing: 1) the well locati ads, power lines, or other	on; 2) any perma er items that may	anent structures on the aid in locating the pro	property that may perty and the wel	/ 11;
ndowner Name: Region Boss  Form: OLWR-SWR-1A retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state BECEIVI and the Mississippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable, and state of the sissippi Department of Health regulations, if applicable and the sissippi Department of Health regulations, if applicable and the sissippi Department of Health regulations, if applicable and the sissippi Department of Health regulations, if applicable and the sissippi Department of Health regulations, if app						į
modowner Name: Regard Boss  Form: OLWR-SWR-1A retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state  Signature of Licensee  AUG 2 3 20	& well.		$\subset$			
Form: OLWR-SWR-1A critify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissispipi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is.    Social Marketing Mar	drive win	house				2
rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is a many that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and state is a many that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and state is a many that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and state is a many that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and state is a many that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and state is a many that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and state is a many that the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and the well-borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Health regulations, if applicable, and the well-borehole was drilled, constructed, and the well-borehole was drilled, and the well-	**************************************					,
Form: OLWR-SWR-1A retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is.    Comparison   Compa	3					
Form: OLWR-SWR-1A retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is.    Comparison   Compa						
Form: OLWR-SWR-1A retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is.    Comparison   Compa						İ
Form: OLWR-SWR-1A retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is to the sissippi Department of Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20						
Form: OLWR-SWR-1A retify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is to the sissippi Department of Responsible Licensee and License No.  Date  Signature of Licensee  AUG 2 3 20						
rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations,	ndowner Name: Ross Boss		7			
rtify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the sissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations, if applicable, and state is a sissippi Department of Health regulations,					Form: OLWI	R-SWR-1A
Torse w Mosco Responsible Licensee and License No. Date Signature of Licensee AUG 2 3 20	rtify that the well/borehole was drilled, co	nstructed, and comple	ted in accordan	ce with all applicable		
Torse w Mosco Responsible Licensee and License No. Date Signature of Licensee AUG 2 3 20	sissippi Department of Environmental O	ality and the Mississin	ni Department	of Health regulations	if applicable. at	nd state
nt Name of Responsible Licensee and License No. Date Signature of Licensee AUG 2 3 20		mire ene mississib	p. Department	~	appiicabic, ai	
nt Name of Responsible Licensee and License No. Date Signature of Licensee AUG 2 3 20	s.	_			Dt	ECEIVE
nt Name of Responsible Licensee and License No. Date Signature of Licensee AUG 2 3 20	Janes w. Mason	8-15-0	E	and w. Man	BIL	
RV. OI W			<del>-</del> <del>-</del>	Signature of Licens	ee A	UG 2 3 <b>20</b> 0
					R/	/· OI W

The sketch below only required for water wells

If well telescopes, show depths on sketch.

	STATE WI	ELL REPORT				
County:	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality		For Office Use Only:			
Driller: Joses W. Mason.	P.O. I	and Water Resources Box 10631	Well #: M-193			
Date completed: 7-35.06	(601)	4S 39289-0631 961-5210	Well #:			
Copy information from block on Part 1	` ,	4-6938 (fax)				
This part of the report must be completed report must be attached and both parts file	ed with the Department a	t the above address within 30 d	ays of well completion.			
Well Owner Informat			l Location			
Owner Name: Ross Boss  Mailing Address: 5401 William		Latitude: 34, 46 004 53	E34.46.884 Longitude: 089.43.975  of Lat/Long (check one): Conventional Survey,			
Mailing Address: 3 101 William						
R.I. I. A.	2-8011		GPS /, Survey-grade GPS			
Bytalia M) 38611 City State Zip Code		SE 14 べい 14 Sec 3 3 T 35 R 5い  Distance Direction Nearest Town				
Telephone No. (662) 838-6549		41/2 Miles SE of cockium				
Pump Type		Po	wer Type			
Circle one		l .	ircle one			
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas			
Bucket Piston	Turbine (	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary	Flowing Well		(specify):			
Other (specify):		Horse Power Rating of Motors				
Date Pump Installed: 7-30-06		Setting Depth:	•			
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	4			
Pump Test Data			asuring Water Level			
Date Well Tested: 7-30.06	<del></del>	Air Line Electric Mea				
Static Water Level (A): 65 Feet	Below Land Surface	Other (specify): 5tri~g	1 .			
	Below Land Surface		<del>, , , , , , , , , , , , , , , , , , , </del>			
	Below Land Surface	For flowing well, measured sh	nut in head:feet			
• • -	Gallons Per Minute	Well yielded	GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	<u> </u>	feet after_	hours of pumping			
I HEREBY CERTIFY that the above statem	nents are true to the best o	f my knowledge.				
Grosner W. Moser.		Com w.M.	ארארו מייים חרארו			
Print Name of Pump Installer and License N	No. (if applicable)	Signature of Pump In	staller HEUEI			

Form: OLWR-SWR-1B AUG 2 3 2006