1000	State W	Vell Report	
County: Cackson		Part 1	For Office Use Only:
Permit #: Mis	Office of Land	nt of Environmental Quality and Water Resources	Aquifer:
Driller: R. Mascu		Box 10631	Well #: N-873
1 0		AS 39289-0631	L. S. Elevation:
Date drilling completed: (114, 9 2004)		961-5210 4-6938 (fax)	
			E-log #:
State Law requires that this report be 30 days of completion of drilling of th	e prepared by the	driller in detail and filed wi	ith the Department within
Well Owner Information	E WEB.	Well	Location
Owner Name S. H. Harden	u		" Longitude: ' "
Marie Adding & Alicia & Al	1801		
Mailing Address:	ut-	Method of Lat/Long (circle on	e): Conventional Survey,
- Clan Sp	ung	USGS quad, Hand-held	GPS, Survey-grade GPS
- The		4 4 Sec 2.3	Twn 15 Rng TW
City State	Zip Code	Distance Di i	
Telephone No. (238) 875-0229		Distance Direction  Miles	of Clean Spring
	Well I	Data	
Purpose of Well (circle one) Home Industrial	Public Supply	Irrigation Fish Culture	Others
[발발][발문] [항문] (전 전 12 전 12 전 2 전 시간 [12 전 12			Other:
Date well drilling started: 8-9-04  Date well drilling completed: 8-9-04			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level: feet above or below (circle one) land surface Date measured: 8 - 9 - 04			
Method of Measurement (circle one) steel tape electric tape air line other: Plum 60b			
1/12			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 450 feet Casing diameter: 2 inches Type of casing: D/C			
Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC			
Screen slot size: ,006 inches Setting depth: From 450 feet to 460 feet			
Type of completion (circle all applicable): Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):			
I certify that the well was drilled, constructed,	and completed in ac	ccordance with all applicable re	equirements of the Mississippi

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR

Ground Level

If well telescopes please sketch below and show depths.

N-873

Description of Formadons Encountered	LIOIT	10
701	1	8
Red Clay	8	30
Blue clay	1.50	100
water sand	60	200
Hard Clay	201	200
Leve While 350	100	4/10
Course sand	des	460
- Contract	1770	700
	+	
	-	-
		-
	-	
	1 175	

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

Sketch 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) indicate direction.
middle of Back yord
Landowner Name S. A. Marway
Landowner Name: D. H. Manuelly

Signature of Water Well Contractor

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BY: OLWR

Permit #:

Date completed: 8-9-04

STATE	WEL	LREP	ORT
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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
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well#:	-873	
Elevation:		

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well O	
Well Owner Information	Well Location
Owner Name: A. Marioria	
Mind & Shall	Latitude:Longitude:
Mailing Address: Wel Stud	Method of Y and and a second
Mary Que	Method of Lat/Long (circle one): Conventional Survey,
- Caller Offins	USGS quad, Hand-held GPS, Survey-grade GPS
Ms ,	1 and right OFS, Survey-grade GPS
City State Zip Code	14 Sec 23 Two 28 Rng 8W
	Dia
Telephone No. 838 875-0229	Distance Direction Nearest Town
Telephone No. 638 875-0239	Miles _ E of Oplan Sours
Pump Type	POWAY Town
Cinal	

	Pump Typ Circle one			Power Type Circle one	
Air Lift	. Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Rating		40
Date Pump Installe		4	Setting Depth:	80	
Rated Pump Capaci	ity: <u>20</u>	Gallons Per Minute	Number of Stages:	18	feet
			1		

	Pump Test Data  Date Well Tested: 8.8-04	Method of Measuring Water Level Circle one
	Static Water Level (A): 60 Feet Below Land Surface  Pumping Water Level (B): 80 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): Plum Bub
	rest rumping Rate: 0 7 07 Gallons Per Minute	For flowing well, measured shut in head:feet  Well yieldedGPM with a drawdown of
1	Duration of Pump Test (minimum 4 hours):hours	

I HEREBY CERTIFY that the above statements are true to the best of	of my knowled
Duight MARIN D'200	6) .0//
Print Name of Pump Installer and License No. (if applicable)	- Dell Man
To: (if applicable)	Signature of Pump Installer

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AUG 2 3 2004

BY: OLWR