St.	ate Well Report	-		
County: Lafayette Part 1 - Driller's Log				
Micciccinni De	partment of Environmental Quality	Aquifer:		
	of Land and Water Resources			
Driller: Jones w. Moson	P.O. Box 10631	Well #: <u></u>		
Ja	ckson, MS 39289-0631	L. S. Elevation:		
Date drilling completed: 7-3-06	(601)961-5210			
	(601)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared b Department at the above address within 30 days				
Information on Well Owner		rehole Location		
(Landowner if borehole is not for a water well)	24 21 861	89 .113 .650		
la " 00 b G-11	Latitude: 59 ° 81 ', 281	" Longitude: 61 °96 '99"		
Owner Name Mork Godd.	Method of Lat/Long (circle on	" Longitude: 89 .42 .59" e): Conventional Survey,		
Mailing Address: winners circle		GPS Survey-grade GPS		
Steeple chose subdivin				
Nr. 1 Mc 38/2	NW NE 3A	Twn 8 5 Rng 5w		
Oxford Ms. 3869 City State Zip Co	NW NE 3A Distance Direction	Nearest Town		
1	6 Miles NE	of <u>0100d</u>		
Telephone No. <u>401</u> 283 1616				
Well / Borehole Data				
Date drilling started: 7-3-06 Date drilling completed: 7-3-06 Hole depth: 170' Hole diameter: 63/4				
Location of the source of any surface water used for drillin	I ocation 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 Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other	(describe)	ock		
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: 110 feet above of below (circle one) land surface Date measured: 7-6-07				
Method of Measurement (circle one) steel tape electric tape air line other: String [weight-				
Well depth: 176 Well grouted to a depth of 10 feet				
Casing length:feet Casing diameter:	inches Type of casing:	puc		
Screen length: 20 feet Screen diameter:	inches Type of screen:	psc		
Screen slot size: .O(Dinches Setting depth	: From <u>150</u> feet to <u>1</u>) O 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

E-98

The sketch below only required for water wells

If well telescopes, show depths on sketch.

ı	well lelescopes	Shun	uepins	UII	snei
_	Ground Leve	l	_		

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

Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground Level	
Blue cley	40	110
while sad.	110	120
Blue cley	(90	140
white sand	140	(20
		-
	<u> </u>	
	 	
	 	+
		
114.114.11	+	+

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

Sketch the	operty layout and include the following: 1) the well location; 2) any permanent structures on the property tha aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the 4) a north arrow.	
2	house	
	المعرب)	
Landowne	Name: Mork Godd.	

Form: OLWR-SWR-1A

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.			<u> </u>
Joves w. Moson C	2-630	7-76-07.	Your War
Print Name of Responsible License	e and License No.	Date	Signature of Licensee

STATE WELL REPORT

County: Lofeyette Permit #:

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:

Date completed: 7-6-67	·	IS 39289-0631 961-5210	Well #:	
Copy information from block on Part 1	(601)35	4-6938 (fax)	Elevation:	
This part of the report must be completed report must be attached and both parts fil	by a licensed water well c ed with the Department a	contractor or a licensed pump in t the above address within 30 do	nstaller. A copy of Part 1 of the ays of well completion.	
Well Owner Information	tion		Location	
Owner Name: MArk Godd		Latitude: 34 - 31-001	Longitude: <u>89, 42, 654</u>	
Mailing Address: winness	circle	Method of Lat/Long (check on	e): Conventional Survey,	
Steeple chose	Subdivison	USGS quad, Hand-held	GPS, Survey-grade GPS	
City State	38655	5~ 4Nw 4 Sec 35	T 83 R 5W	
	-	Distance Direction	Nearest Town	
Telephone No. (901) 283-161	6	Miles _NE _or	boomoo	
Pump Type		Pos	wer Type	
Circle one			ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine (Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	1	specify):	
Other (specify):		Horse Power Rating of Motor:	11/2	
Date Pump Installed: 7-6-67		Setting Depth:	40 feet	
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:	Ч	
Pump Test Data		Method of Me	asuring Water Level	
Date Well Tested: 7-6-07			ircle one	
Static Water Level (A): 110 Feet		Air Line Electric Mea	suring Line Steel Tape	
		Other (specify): String	lueignt	
Pumping Water Level (B): Feet				
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute		Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours)	: <u> </u>	feet after_	24 hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best o	f my knowledge.
Jaco w. Masa. 0-620	Jans W. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	E OLIVID OWID 45

Form: OLWR-SWR-1B