County:	maria	~
Permit #	0-58	6
Driller:	JAMES	WELLS
Date dril	ling completed:	27-11

## State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:  Aquifer: N 49
Well #:
L. S. Elevation:
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. Well or Borehole Location Information on Well Owner . 09,06" Longitude: 89.58,03, (Landowner if borehole is not for a water well) Owner Name\_ Method of Lat/Long (circle one): Conventional Survey, Mailing Address: 100 USGS quad, Hand-held GPS, Survey-grade GPS umbealto NE 145W 14 Sec / Twn 2h Rng RE Miles SE of Koto by Ms Telephone No. ( CC) 3343 Well / Borehole Data Date drilling started: /-274/ Date drilling completed: [-27-/] Hole depth: Hole diameter: 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 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) Date measured: 1-27-// Static Water Level: 30 feet above of below (circle one) land surface air line Method of Measurement (circle one) steel tape Type of grout (circle one): (Neat Cement) Bentonite Mix 65 Well grouted to a depth of 18 feet Type of casing: 4 S feet Casing diameter: inches Casing length: \_\_ 2 6 feet Screen diameter: Screen length: \_\_ 45-Screen slot size: \_, 008 Setting depth: From Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): feet. If telescoped or more than one screen, describe on next page Top of lap pipe or reduction in casing: \_

Form: OLWR-SWR-1A (04/08)

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If well telescopes	-1	aleatala	halow	and	chow	denths.	
If well telescopes	picase	sketch	DEIOM	Mille	SHOW	ucpuis.	

Ground Level

N149

Description of Formations Encountered	9	2
Description of Formation 5 and Pea Brawel	20	6
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aid in locating the well 4) indicate direction.	; 3) any toacs, power i	Hy	ns that may aid in locati	
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## STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Marion Mississippi Department of Environmental Quality County: Aquifer: Office of Land and Water Resources Permit #: P.O. Box 10631 Well#: Jackson, MS 39289-0631 (601)961-5210 -27-11 Elevation (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department installation of pump. Well Locus Well Owner Information Longitude:\_ Latitude: Victorias Owner Name: Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS Twn 2h Rng 12E 39429 Zip Code State City Nearest Town Direction Distance 3 Miles SR Kokomo 441 33 43 Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): Windmill Flowing Weil Rotary Centrifugal Horse Power Rating of Motor: Other (specify): 50 Setting Depth: \_ 1-27-11 Date Pump Installed: Number of Stages: Gallons Per Minute Rated Pump Capacity: Seebad of Asoccarine Water Level

Pump Test Data	Circle one			
Date Well Tested: 1-27-// Static Water Level (A): 50 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B):Feet Below Lend Surface	Other (specify):			
Test Pumping Rate: (S Gallons Per Minute	Well yielded			
Duration of Pump Test (minimum 4 hours):hours				

0-586

JAMES WELLS

Print Name of Pump Installer and License No. (if applicable)

I HERBBY CERTIFY that the above statements are true to the best of my knowledge. Signature of Pump Installe

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