L.			93	
County: Marshall	Well Driller Rej	port and Well Log	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality		Well #: $\overline{A - 68}$	
Driller: Jones us Mason	Office of Land an	nd Water Resources ox 10631	L. S. Elevation:	
Date drilling completed: <u>9-1-04</u>		S 39289-0631		
	• • •	961-5210	E-log #:	
Mason Water U State Law requires that this	choice of bioburge all inter		h the Department within	
30 days of completion of drill Well Owner Infor	ling of the well.		l Location	
Owner Name_ <u>mstarByrd</u>	and rd	Latitude 34	" Longitude: $89 \circ 37 \cdot 365$ " <b>22</b> me): Conventional Survey,	
Mailing Address: 15.5 Correction	Address: 155 hillord rd.			
			USGS quad, Hand-held GPS, Survey-grade GPS $4\omega$ $5\omega \frac{1}{4} \approx \frac{1}{4}$ Sec $33\sqrt{1}$ Twn $2\omega$ Rng $2\omega$ Distance Direction Nearest Town	
<u>Byhalia</u> Citu	State Zip Code	<u></u> <u>% FL % Sec</u>		
Telephone No. $(6-2)$ 551- 2			Nearest Town of <u>CayCE</u> -	
•		Data		
Purpose of Well (circle one Home	Industrial Public Suppl	v Irrigation Fish Cultur	re Other:	
Purpose of well (circle one) from		(	9-1-04	
Date well drilling started:9-				
If flowing, method of flow regulation	: Valve <u>A</u> Othe	er (describe)		
Static Water Level:65f	eet above of below (circle of	ne) land surface Date measu	ured: <u>9-3-04</u>	
Method of Measurement (circle one)			string and weight	
Hole depth: 155 W	ell depth: 155	Well grouted to a depth	n of <u>[0</u> feet	
Type of grout (circle one): Cemer	t Bentonite M	Mix		
Casing length: 145 feet	Casing diameter:	inches Type of casi	ng: $\rho_{3C}$	
Screen length: <u>10</u> feet	Screen diameter:	inches Type of scre	en: $\underline{\rho \cup C}$	
Screen slot size: $O(O)$ in	ches Setting depth: Fro	om <u>145</u> feet to _	<u> 55</u> _feet	
Type of completion (circle all applic				
Top of lap pipe or reduction in casin	g: <u>~ ^ A</u> feet.	If telescoped or more than o	ne screen, describe on back of page	
Logs run (circle all applicable). No	log run) Electric Gamma	Ray Density Sonic Neut	ron Other:	
Name of organization running log(s	):	with all applicable requirements 0	f the Mississippi Department of	
Name of organization running log(s I certify that the well was drilled, construc Environmental Quality and/or the Mississ	ted, and completed in accordance	e with an applicable requirements of ations and state laws.		
		Gas u	Mazz	
Jones W. Mason-	or and License No.	/ Signature	e of Water Well Contractor	
Print Name of Water Well Contract	or and License No.			

If well telescopes please sketch below and show depths.

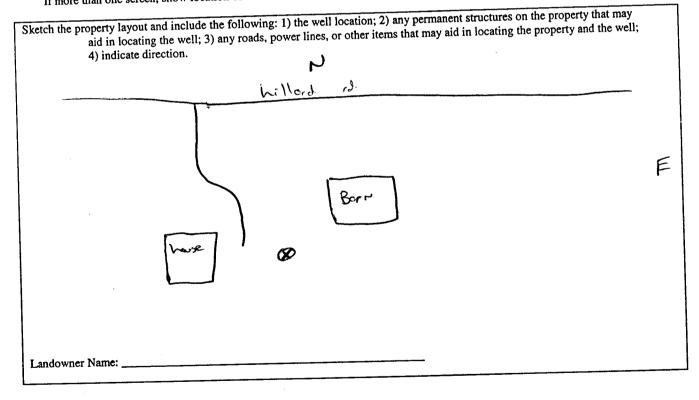
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If well telescopes please sketch below and show depths.

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	N-10	Description of Formations Encountered	From_	To
Ground Level	A-68	cley dirt.	0	32
		while clay-	25	40
		while Sovel	40	155
		Carl State		
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If more than one screen, show location of each on sketch



Gous W. Mon. Signature of Water Well Contractor

County: <u>Morshall</u> Permit #: Driller: <u>Jones w Mass</u> Date completed: <u>9-3-04</u>	Pump Installer's Mississippi Departmen Office of Land a P.O. H Jackson, M (601)	STATE WELL REPORT 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)		
	pared by the pump installer in detai	il and filed with the Departmen	nt within 30 days of the	
installation of pump. Well Owner Information		Well Location		
Owner Name: <u>~~&gt; Bill</u>	Burd.	Latitude: 37-57-350	atitude: <u>37-57-350</u> Longitude: <u>89-37-365</u>	
Mailing Address: 155		Method of Lat/Long (circle one): Conventional Survey,		
Maning Address:		USGS quad, (Hand-held GPS) Survey-grade GPS		
	2011			
Byhalin MS 3861 City State Zip Code		<u>SW 14 NE 14 Sec 33 Twn 15 Rng 4w</u>		
		Distance Direction Nearest Town		
Telephone No. (66) 551-2005		1/3 Miles Mw of Cayce.		
Pump Type Circle one		Power Type Circle one		
		Diesel Engine Gasoli	ne Engine Natural Gas	
Air Lift Jet		Electric Motor) Hand		
Facket			(specify):	
Centrifugal Rota	•			
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: <u>9-3-04</u>		Setting Depth:feet		
Rated Pump Capacity:(	Gallons Per Minute	Number of Stages:(		
Pum	p Test Data		leasuring Water Level	
	-		Circle one	
Date Well Tested: <u>9-3-04</u> Static Water Level (A): <u>65</u> Feet Below Land Surface		Air Line Electric Measuring Line Steel Tape		
		Other (specify):	ng and weight	
Pumping Water Level (B):	Feet Below Land Surface			
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface			shut in head: <u></u> feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minin	num 4 hours): <u> </u>	feet after	ədhours of pumping	
I HEREBY CERTIFY that the	e above statements are true to the best	of my knowledge.		
Jones L'Masa		Gors V	Mon	
	and License No. (if applicable)	Signature of Pump	Installer	

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