County: Marshall
Permit #:
Driller: Joses W. Moron
Date drilling completed: (2-13-07

## **State Well Report**

Part 1 - Driller's Log

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 #:
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.

Information on Well Owner Well or Borehole Location

information on well Owner	Well or Borehole Location				
(Landowner if borehole is not for a water well)	34 57 40 50 32 325				
Owner Name Robert Woods	Latitude: 34 ° 57 , 401 " Longitude: 89 ° 37 , 305 "  Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: 100 Willord. 1d.					
	USGS quad, Hand-held GPS, Survey-grade GPS				
Byholia Ms 38611 City State Zip Code	Size 1/4 NE 1/4 Sec 33 Twn 15 Rng 4 w Distance Direction Nearest Town				
Telephone No. (901) 831-4358					
Well / Bore	hole Data				
Date drilling started: 12-13-97 Date drilling completed 12-13-9	Hole depth: 140' Hole diameter: 63/4				
Location of the source of any surface water used for drilling:	4. 4.				
Method of dosing and volume of Chlorine used in drilling and devel	opment:				
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well_Geotechnical/Geole	ogical 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): HomeIndustrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve O	If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 63 feet above or below scircle one) land surface Date measured: 13-16-07					
Method of Measurement (circle one) steel tape electric tape	air line other: String luneight				
Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 10 feet Casing diameter: 1 inches Type of casing: 10 c					
Screen length: feet Screen diameter: inches Type of screen:					
Screen slot size: 100 inches Setting depth: From 130 feet to 140 feet					
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development				
Other (describe):	nn -				
Top of lap pipe or reduction in casing:feet. <u>If tel</u>	escoped or more than one screen, describe on next page				

Form: OLWR-SWR-1A

### The sketch below only required for water wells

If	well	tel	esco	pes,	<u>show</u>	der	<u>oths</u>	on	sketci	h
_	C			1						

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

Description of Formations Encountered	From (depth)	To (depth)
Cley dist.	Ground Level	30
cien dist.	30	140
	<u> </u>	

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

Sketch the property lay aid in loo 4) a nort	yout and include the following: 1) the well location; 2) any per cating the well; 3) any roads, power lines, or other items that n h arrow.	manent structures on the property that may nay aid in locating the property and the well;
·	N	
کی	house	E
Landowner Name:	Robet woods.	
		Form: OLWR-SWR-1

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.			
Janes W. Moran Moso	(-10-07	your w. Man	
Drint Name of Desponsible Licensee and License No.	Date	Signature of Licensee	

# STATE WELL REPORT

# County: Marshall Permit #:

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

For Office Use Only:				
Aquifer	:			
Well #:	A.	79		
Elevatio	on:			

Driller: Joses W. Moson		nd Water Resources	1			
		Box 10631 IS 39289-0631	Well #:	2		
Date completed: (2-16-0-)	(601)	961-5210	Elevation:			
Copy information from block on Part 1	(601)35	4-6938 (fax)	Elevation:			
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.						
Well Owner Informat	ion		l Location			
Owner Name: Kabet Was	ds	Latitude: 34.57, 401	Longitude: <u>89, 33, 33</u>	2		
Mailing Address: 133 Willer	d (9.	Method of Lat/Long (check or				
		USGS quad, Hand-held	GPS Survey-grade GPS			
Byhalia MS City State	36611 Zip Code	Sw 1/ NE 1/ Sec 3	3 T 15 R 4w			
5.0,	<b>-</b>	Distance Direction	Nearest Town			
Telephone No. (901) 831-435	8	Miles NW 0	f_(cyre			
D		D <sub>a</sub> ,	T			
<b>Pump Type</b> Circle one			wer Type ircle one			
Air Lift Jet	Submersible	Diesel Engine Gasolir	ne Engine Natural C	Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor P	го		
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):			
Other (specify):	····	Horse Power Rating of Motor	:_3/4	_		
Date Pump Installed: 12-16-07		Setting Depth: 9	<u>O</u> feet			
Rated Pump Capacity:( \( \)	Gallons Per Minute	Number of Stages: 8				
Pump Test Data		Method of Me	asuring Water Level			
-			ircle one			
Date Well Tested: 12-16-07		Air Line Electric Mea	suring Line Steel Tape	e		
Static Water Level (A): 63 Feet	Below Land Surface		_			
Pumping Water Level (B):Feet	Below Land Surface	Other (specify): 5tria	g ( mergur			
Drawdown [(B) – (A)]: Feet	Below Land Surface	For flowing well, measured sl	nut in head:f	eet		
Test Pumping Rate:	_Gallons Per Minute	Well yielded( O	GPM with a drawdown of	f		
Duration of Pump Test (minimum 4 hours)	Hours	feet after_	∂ 4 hours of pump	oing		
LUEDEDV CEDTIEV 4-44-44-44-44-44-44-44-44-44-44-44-44-4	nanta ara true to the best	of my knowledge				
I HEREBY CERTIFY that the above stater	nents are true to the best of	or my knowledge.	<b>L</b>			

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Jones w. Moson 0-620	Gons w. Mars	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

Form: OLWR-SWR-1B

SY. OLWA