County: MArshall	Well Driller Report and Well 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:	
Permit #: Driller: Jowes W. Masow Date drilling completed: 11-6-04			Aquifer:	
State Law requires that this		riller in detail and filed wit	h the Department within	
30 days of completion of drilling of the well. Well Owner Information		Wel	ll Location	
Owner Name George Lee		Latitude: 34 . 54 . 48	5 " Longitude: <u>689 • 43 • 225 "</u>	
Mailing Address: 381 woodview		Arthod of Lat/Long (circle of		
		USGS quad, Hand-held GPS, Survey-grade GPS		
Byholia City Felephone No. (901) 387 - 70		Distance Direction	JVTwn 25 Rng Jw	
	Well 1	·		
If flowing, method of flow regulation: Static Water Level: $\begin{array}{c} \mathcal{U} & \mathcal{O} \\ \mathcal{O} \\ \end{array}$ for the formula of Measurement (circle one) Hole depth: $\begin{array}{c} 110^{1} \\ \mathcal{O} \\ \end{array}$ We Type of grout (circle one): Cement	eet above or below (circle one steel tape electric ta ill depth: <u>110</u> t Bentonite Mi	e) land surface Date measu pe air line other: _ Well grouted to a depth ix	red: 11-28-04 <u>Strive</u> lweight of 10 feet	
Casing length: 100' feet Casing diameter: 4 inches Type of casing: <u>PUC</u>				
Screen length: <u> </u>	Screen diameter: 4	inches Type of scree	en: <u>ρυζ</u>	
Screen slot size:iOinc	hes Setting depth: From	nfeet to	( l ð feet	
Type of completion (circle all applica	uble): Gravel packed Und	derreamed Telescoped	Open hole Natural Development	
	: <u>NA</u> feet. If	telescoped or more than or	ne screen, describe on back of page	
Name of organization running log(s): I certify that the well was drilled, constructed	ad and completed in accordance w	ith all applicable requirements of	the Mississippi Department of	
I certify that the well was drilled, construct Environmental Quality and/or the Mississig				
James W. Mason	0-690	Jero u	of Water Well Contractor	

If well telescopes please sketch below and show depths.

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dis de lia By: Oliver

ound Level	 Description of Formations Encountered	From	То
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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.

Landowner Name:

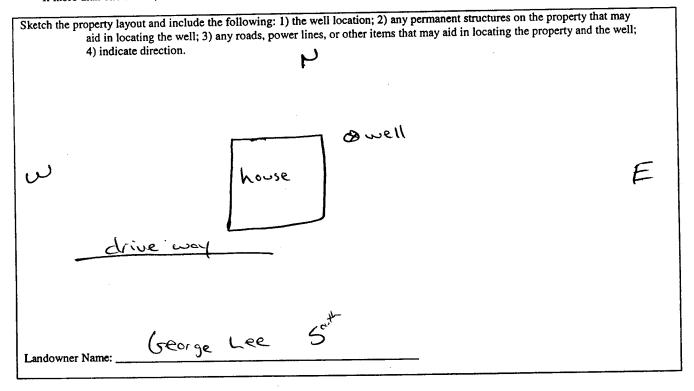
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

D- 82 Ground Level

Description of Formations Encountered	From	To
Clay dirt.	0	30
white Soud white clay white soud	30	48
white clay	48	80
white soud	80	110
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If more than one screen, show location of each on sketch



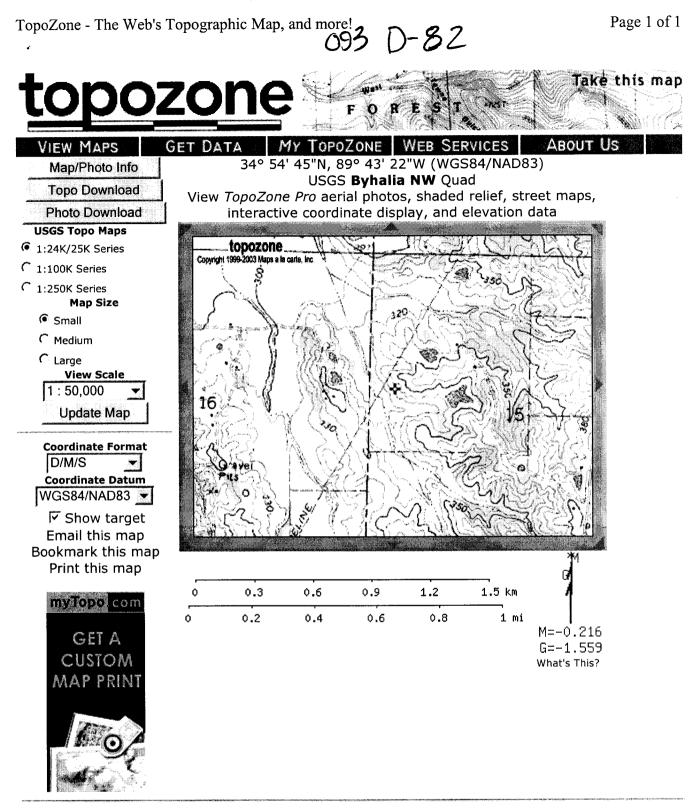
Signature of Water Well Contractor

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STATE WELL REPORT					
	The second secon				
	Aquifer:				
Permit #: Mississippi Department	t of Environmental Quality nd Water Resources Well #: D-82 9.				
P.O. B	Elevation:				
	IS 39289-0631 961-5210				
(601)354	4-6938 (fax)				
This report must be prepared by the pump installer in installation of pump. A copy of Part 1 of this report mu	detail and filed with the Department within 30 days of the ist be attached to this report.				
Well Owner Information	Well Location				
Owner Name: George Lee	Latitude: 34 - 54 . 458 Longitude: 089 . 43 . 223				
Mailing Address: 381 Woodview	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Kand-held GPS, Survey-grade GPS				
Byhalia MS 3861 City State Zip Code	NE 1/2 NW 1/2 Sec 15 Twn as Rng 5w				
	Distance Direction Nearest Town				
Telephone No. (901) 387 - 70 (8	11/2 Miles N of old Havy 28				
Ритр Туре	Power Type				
Circle one	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 of Motor:				
Date Pump Installed: 11- 28-04	Setting Depth: <u>75</u> feet				
Rated Pump Capacity: ( C Gallons Per Minute	Number of Stages:				
Pump Test Data	Method of Measuring Water Level				
Date Well Tested: 11- 38-04	Circle one				
Static Water Level (A): $43$ Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape				
	Other (specify): String [weight				
Pumping Water Level (B): A Feet Below Land Surface					
Drawdown [(B) - (A)]: PA Feet Below Land Surface	For flowing well, measured shut in head: $\underline{NA}$ feet				
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):hours	$\sim$ feet after $\rightarrow$ hours of pumping				
LUEDEDV CEDTIEV that the above statements are true to the he	est of my knowledge				
	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer				
This rule of this house and seene to (the present)	DEC & C (2004				

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DEC 9 6 2004 BY: OLWA



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