	State W	'ell Report					
0.40 (51001)	Part 1 – I	For Office Use Only:					
County: Morshall	Mississippi Departmen	Aquifer:					
Permit #:		nd Water Resources	Well #: D -				
- III Masin		Box 10631	Well#:				
Driller: Joses w. Mosw Date drilling completed: 10-5-05	Jackson, M	IS 39289-0631	L. S. Elevation:				
Date drilling completed: (0-5-05		961-5210					
	(601)35	4-6938 (fax)	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 Bo	orehole Location				
(Landowner if borehole is not f	or a water well)	Latitude 34 . 54 , 570	2" Longitude: 89 • 43 , 426"				
Owner Name George Lee		34	Longitude: $89 \cdot 43 \cdot 426$				
		Method of Lat/Long (circle or	ne): Conventional Survey,				
Mailing Address: COT # 1 wood	view lottes sub.	11000 161 11 11	CDC Sumuru amda CDC				
		USGS quad, Hand-neld	GPS Survey-grade GPS				
		NE 1/5W 1/4 Sec 15	Twn 25 Rng 5 W				
Byholia M City Sta	s 38611	NW -	_				
City Sta	N W Distance Direction 1 2 Miles NW	Nearest Town					
Telephone No. (901) 387 - 701	8		or Barens				
Telephone No. (190) 307	<u> </u>	<u> </u>					
	Well / Bor	ehole Data					
Date drilling started: 10-5-05 Date drilling completed: 10-5-05 Hole depth: 140 Hole diameter: 678							
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: A							
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:							
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: __

Screen slot size: (O inches Setting depth: From 130 feet to 140

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

Other (describe):

electric tape

Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

air line

If a flowing well, method of flow regulation: Valve __ NA ___ Other (describe) _

Casing length: 130 feet Casing diameter: 4 inches

Screen length: 10 feet Screen diameter: 4 inches

Method of Measurement (circle one)

Top of lap pipe or reduction in casing: ___

steel tape

Form: OLWR-SWR-1A

Natural Development

other: String weight

Type of casing: _________

Type of screen: $\rho \cup C$

NA - feet. If telescoped or more than one screen, describe on next page

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7	'he	sketch	below	only	required	for	water	wells

<u>If well telescopes</u>	show	depths	on	sketch.
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f well telescopes	show	depths	on	sketch.
Ground Level.		-		

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)
clay dirt	Ground Level	15
gravel	15	30
white soud	30	70
white clay	70	90
white sour	90	140
303		
		
		
	 	
		-
		_
	+	

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

Sketch the prop	erty layout and	include the well; 3)	e following: any roads, po	1) the well location; 2 wer lines, or other ite) any per ns that m	manent structures on the propagation in locating the prop	roperty that may erty and the well;
4)) a north arrow.				_	· · · · · · · · · · · · · · · · · · ·	\otimes
	v			drive vied		(Now)e	Tell 7
				moogram			
Landowner Na	ame: GE	orse	Lee		<u>.</u>	[77]	
							Form: OLWR-SWR-

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.				
Jones	W. Mose	0-630	11-3-05	your w. More
	Responsible Licensee a			Signature of Licensee RECEIVED

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STATE WELL REPORT Part 2 County: Marshall For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: Jones w Mason P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 10-15-05 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 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 Information Well Location Latitude: 34.54.570 Longitude: 89.43, 428 George Lee Owner Name: Method of Lat/Long (check one): Conventional Survey____, Mailing Address: COT USGS quad __, Hand-held GPS___, Survey-grade GPS___ woodview lakes NE 1/SW 1/Sec 15 T ds R Distance Direction Nearest Town Telephone No. (901) 387-7018 11/2 Miles NW of Byholia Power Type **Pump Type** Circle one Circle one Air Lift Tet Submersible Diesel Engine Gasoline Engine Natural Gas Tractor PTO Electric Motor Hand Bucket Piston Turbine Other (specify): Centrifugal Rotary Flowing Well Windmill Horse Power Rating of Motor: 314 Other (specify): Date Pump Installed: _(O- 15-05 100 Setting Depth: Rated Pump Capacity: Number of Stages: Gallons Per Minute **Pump Test Data** Method of Measuring Water Level Circle one 10-15-05 Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 75 Feet Below Land Surface Other (specify): String / weight Pumping Water Level (B): A Feet Below Land Surface For flowing well, measured shut in head: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of feet after 34 Duration of Pump Test (minimum 4 hours): hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joses W Magar

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

FormPECEVED

Signature of Pump Installer

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