State W	Vell Report				
Part 1 – Driller's Log  For Office Use Only:					
Mississippi Departmen	Mississippi Department of Environmental Quality Aquifer:				
	and Water Resources	Well #: D-101			
Driller: Jones W. Moson. P.O. 1	Box 10631	Well #:			
Jackson, N	AS 39289-0631	L. S. Elevation:			
	)961-5210				
(601)35	4-6938 (fax)	E-log #:			
State Law requires that this report be prepared by the lic Department at the above address within 30 days of com					
Information on Well Owner		rehole Location			
(Landowner if borehole is not for a water well)	34 , 54 , 430	In			
Owner Name (seorge Lee	Latitude: 37 37 76	Longitude: 0 1 4 3 30 7 "			
Mailing Address: LOT 18	·	Longitude: 89 · 43 · 307 · 8 · 18 · 18 · 18 · 18 · 18 · 18 · 18			
	USGS quad, (Hand-held	GPS, Survey-grade GPS			
City State Zip Code	15	Twn 25 Rng 5w			
Bubalia My 38611	200 % 200 % Sec 1 3	Twn 83 Rng 3			
City State Zip Code	Distance Direction	Nearest Town			
Telephone No. (901 ) 387 - 7018					
Well / Borehole Data					
Date drilling started: 4-5-06 Date drilling completed: 4-5-06 Hole depth: 105 Hole diameter: 63/4					
Location of the source of any surface water used for drilling:					
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 Other:  Name of organization running log(s):  W					
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 \_\_\_\_ A \_\_\_ Other (describe) \_

Casing length: 95 feet Casing diameter: 4 inches

Method of Measurement (circle one) steel tape

Screen slot size: C10 inches

Top of lap pipe or reduction in casing:

Static Water Level: 45 feet above (r below circle one) land surface Date measured: 4-9-06

electric tape

Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pot

Other (describe): ~~4.

air line

Setting depth: From 95 feet to 105 feet

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

Form: OLWR-SWR-1A

other: String I weight

Type of casing:

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BY: OLWR

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

If more than one screen, show location of each on sketch  ketch 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) a north arrow.	Ground Level			of Formations Encountered	From (depth)	To (depth)
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ndowner Name: George Lec	4		Live	<b>م</b> مد		
	andowner Name: 600	rge lec		- (1)		
Form: OLWR-SWR-1A ertify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the	111111111111111111111111111111111111111			<del></del>		
scissioni Department of Environmental Quality and the Mississiani Department of II-14		ronmental Quanty and the	mississippi Depar	unent of riealth regulation	as, ii appiicable, ai	iu state
ssissippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state	11		- 7 ~~	0		
	thes will som	0-620 1	-0-06	Jan my		<u>.                                    </u>
S	nt Name of Responsible Lice	nsee and License No.	Date	Signature of Lice	nsee R	ECEIVE
tres cu.M.sn 0-620 5-2-06 Jan w.M.						
tres cu.M.sn 0-620 5-2-06 Jan w.M.						MAY U 4 200

The sketch below only required for water wells

## STATE WELL REPORT

## County: Mershall Permit #: Date completed: 4-9-06 Copy information from block on Part 1

## 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

F	or Office Use Only:	
Aquifer:		
Well #:	D-101	<del>_</del>
Elevation	n:	

(601)354-6938 (fax) 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 Location Well Owner Information Latitude: 34.54.434 Longitude: 89.43.307 Owner Name: (sec./ge Lee Mailing Address: LOT (8 USGS quad , Hand-held GPS , Survey-grade GPS\_\_\_\_ (13000001CV) Bythalie MS 3861/ City State Zip Code pw 1/5w 1/ Sec /5 T Ds R 5w Distance Direction Telephone No. (901) 387-7018 3314 Miles 5w of Borton **Pump Type** Power Type Circle one Circle one Air Lift Submersible Jet 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: 4-9-06 Setting Depth: 12 Rated Pump Capacity: Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: 4-9-06 Air Line Electric Measuring Line Steel Tape Static Water Level (A): \_\_\_\_(5\_ Feet Below Land Surface Other (specify): String /weight Pumping Water Level (B): Feet Below Land Surface Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: \_\_\_\_\_ ( 3 Well yielded ( 3 GPM with a drawdown of Gallons Per Minute Duration of Pump Test (minimum 4 hours): 34 feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Jones W. Mason	Jen w. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
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BY: OI WR