Part 1 – 1 Permit #: Driller: Tores Tores Mossissippi Departmen Office of Land P.O. Jackson, N (601)	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			
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 (Landowner if borehole is not for a water well) Owner Name Christina Patts Mailing Address: 1950 Ham 309 N Byholia M 38611 City State Zip Code	Well or Boil Latitude: 34 o 55 , 492 Method of Lat/Long (circle on USGS quad, Hand-held	rehole Location "Longitude: 89 • 41 • 098" e): Conventional Survey, GPS, Survey-grade GPS Twn 2 5 Rng 5 w		
Telephone No. (662) 402 - 7721		or Borton		
Well / Borehole Data Date drilling started: 5-39-07 Date drilling completed: 5-39-07 Hole depth: 140 Hole diameter: 63/4				
Location of the source of any surface water used for drilling:				
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 Other (describe)				
Well depth: 140 Well grouted to a depth of 10 feet Type Casing length: 130 feet Casing diameter:				

4___inches

Setting depth: From 130

Other (describe):

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

_feet to

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

Screen diameter:

Screen length: 10 feet

Screen slot size: ______ inches

Top of lap pipe or reduction in casing:

feet

The sketch below only required for water wells

If 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 dict.	Ground Level	30
intile soud	30	35
areel	35	45
while sand	45	140
-		

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 aid in locating the well; 3) any roads, power lines, or other items that may aid 4) a north arrow.	
77	
- drieming house	\(\sigma\)
Landowner Name: Christing Potts	

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.

James a Mason 0-600 6-21-07

Print Name of Responsible Licensee and License No.

STATE WELL REPORT

County: Morshall

Pump Installer's Completion Report

For Office Use Only:	
Aquifer:	
Well #: D -	
Elevation:	

Driller: Janes w. Masar P.O. F	and Water Resources Box 10631 AS 39289-0631 Aquifer: Well #:		
Date completed: (601)	961-5210 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 Information			
Owner Name: Christina Patts	Latitude: 34.55. 492 Longitude: 89.41.698		
Mailing Address: 1950 Huy 309 N.	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Byholia M3 38611 City State Zip Code	Sw 1/2 Sw 1/2 Sec 1/2 T 2/3 R 5w		
State Zip code	Distance Direction Nearest Town		
Telephone No. (662) 404 - 7731	23)4 Miles _ 5 of Bertun.		
Pump Type Circle one	Power Type 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: 3/4		
Date Pump Installed:	Setting Depth: () feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Maggiring Water I avail		
•	Method of Measuring Water Level Circle one		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B): Feet Below Land Surface	Other (specify): String I reight		
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 24 hours	feet after 24 hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
THERED I CERTIF I that the above statements are the to the best of	n iny knowieuge.		

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

Form: OLWR-SWR-1B