State V	Vell Report	For Office Use Only:	
County: Morsholl Part 1 -	Part 1 – Driller's Log		
	ent of Environmental Quality	Aquifer: Well #: D-123	
	Office of Land and Water Resources		
	Box 10631	L. S. Elevation:	
,	MS 39289-0631 1)961-5210		
	54-6938 (fax)	E-log #:	
State Law requires that this report be prepared by the l. Department at the above address within 30 days of cor			
Information on Well Owner	Well or B	orehole Location	
(Landowner if borehole is not for a water well)	N 51 ,74	1" Longitude 089 • 42. , 639" 39 one): Conventional Survey,	
	Latitude: 27 21 11	Longhude 38	
Owner Name Vennis Kimbrough.	Method of Lat/Long (circle of	one): Conventional Survey,	
Mailing Address: 78 red hills rd	USGS quad, Hand-hel	USGS guad, Hand-held GPS Survey-grade GPS	
	Nuc 1/4 SE 1/4 Sec 31	4 Twn 25 Rng 5w	
Byholia Ms 38611 City State Zip Code			
City State Zip Code	Distance Direction	of walsaw	
Telephone No. (662) 551-6611			
Telephone No. (007) 551 (001)			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and de Logs run (circle all applicable). No log run Name of organization running log(s):	ay Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water WellGeotechnical/G		ind Source Heat Pump	
Seismic Survey Other (descu If drilling is not related to water well constru	ribe)	block	
Purpose of Well (check one): Home 🖌 Industrial Public Su	pplyIrrigationFish Cultu	re Other:	
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below circle one) land surface Date measured: $3 - 15 - 0\delta$			
Method of Measurement (circle one) steel tape electric tape air line other: <u>String luneight</u>			
Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>prot</u>			
Screen length: 10 feet Screen diameter: 4 inches Type of screen: put			
Screen slot size: <u>OIO</u> inches Setting depth: From <u>130</u> feet to <u>140</u> feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):			
Top of lap pipe or reduction in casing:feet.	If telescoped or more than one s	<u>creen, describe on next page</u>	

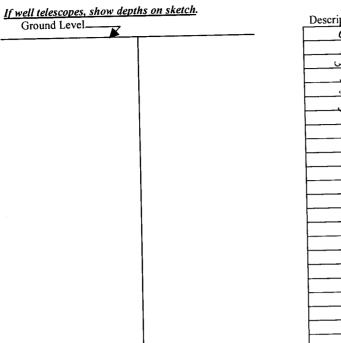
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Form: OLWR-SWR-1A

- 123

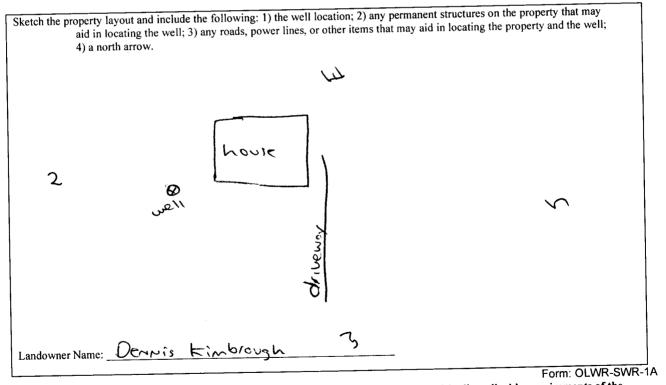
The sketch below only required for water wells



Description of formations encountered mus	<u>t be provided for all</u>
wells and boreholes, unless specifically exer	npted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay dict-	Ground Level	8
red soud	8	15
white clay	15	60
white sound	60	95
while clay	95	105
white sout	105	140
		┿╾──┥

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



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. Mason 0-620 3-12-08 Jens W. Signature of Licensee Print Name of Responsible Licensee and License No. Date

STATE WELL REPORT			
County: Morshall	Part 2 Pump Installer's Completion Report	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality	Aquifer:	
Driller: Jomes W. Mason	Office of Land and Water Resources P.O. Box 10631	D = /22	
Date completed: 2-15-08	Jackson, MS 39289-0631 (601)961-5210	Well #: <u>D-723</u>	
Copy information from block on Part 1	(601)354-6938 (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 InformationWell Location

	Wen Elocation
Owner Name: Dennis Kinbrough	Latitude: <u>N34'51,747</u> Longitude: <u>N089' 42-639</u>
Mailing Address: 78 red wills rd.	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Byholio MJ 38611 City State Zip Code	NW 4 SE 4 Sec 34 Tas R SW
City State Zip Code	Distance Direction Nearest Town
Telephone No. (662) 551-6611	21/ Miles ALLA of Spectary

	Pump Ty Circle on			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 Ratin	g of Motor: 3)4	
Date Pump Installed:	2-15-0	8	Setting Depth:	_	feet
Rated Pump Capacity	y: 16	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 3-15-08	Circle one	
	Air Line Electric Measuring Line Steel Tape	
Static Water Level (A): Feet Below Land Surface	Other (specify): String (weight	
Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: (VGallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): $\underline{\partial \Upsilon}$ hours	$\underline{\qquad}$ feet after $\underline{\rightarrow} \underline{\checkmark}$ hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Jones W. Moson 0-620	your Man
Print Name of Pump Installer and License No. (if applicable)	/ Signature of Pump Installer
	Form: OLWR-SWR-1B