· · · · · · · · · · · · · · · · · · ·	State Well Report	
County: Marshall	Part 1 – Driller's Log	For Office Use Only:
County: 1713/ VIGT	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	well #: F-103
Driller: Jones w. Meson	P.U. DOX 10051	Weil #
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 8-4-06	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

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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 Borehole Location	
(Landowner if borehole is not for a water well)	Latitude: 34 . 50. 551" Longitude: 89. 33. 869"	
Owner Name Patti UanUalkner	55 34 31 24 Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address 245 Cover choppel rd.		
	USGS quad, (Hand-beld GPS) Survey-grade GPS	
	Was 1/2 SE 1/2 Sec 9 Twn 25 Rng 3W	
Holly Springs Ms 38635 City State Zip Code	ISE NW	
City State Zip Code	Distance Direction Nearest Town 	
Telephone No. (901) 301~2727.		
Well / Bore	hole Data	
Date drilling started: 8-4-06 Date drilling completed: 8-4-	O_{16} Hole depth: <u>185</u> Hole diameter: <u>674</u>	
Location of the source of any surface water used for drilling:		
Method of dosing and volume of Chlorine used in drilling and deve	opment:A	
Logs run (circle all applicable): No log nur Electric Gamma Ray	Density Sonic Neutron Other	
Name of organization running log(s): <u>~</u> M		
Purpose of borehole (check one): Water Well Ceotechnical/Geo	ogical Investigation Ground Source Heat Pump	
Seismic Survey Other (describ	a	
If drilling is not related to water well construction	n, 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)		
Static Water Level: 75 feet above or below (pircle one) land surface Date measured: 8-30-06		
Method of Measurement (circle one) steel tape electric tape air line other: <u>string (meight</u>		
Well depth: 185 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 175 feet Casing diameter: 4 inches Type of casing: put		
Screen length: 10 feet Screen diameter: 4 inches Type of screen: put		
Screen slot size: ,010 inches Setting depth: From feet to 85 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	elescoped or more than one screen, describe on next page	
	Form: OLWR-SWR-1A	

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5-103

To (depth)

15

25

60

25

110

120

1.85

Description of formations encountered must be provided for all

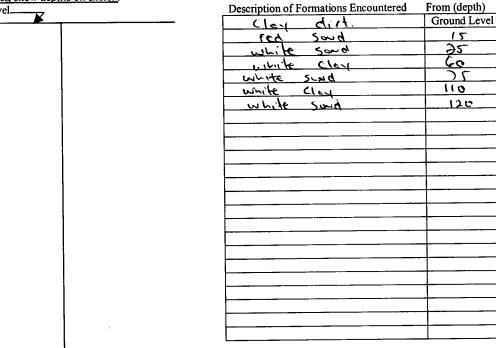
wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

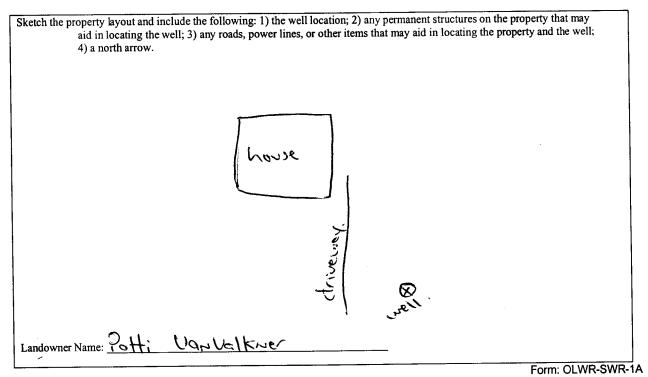
If well telescopes, show depths on sketch. Ground Level_

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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. The w. March 0-620 8-31-06 Date

Gero w.M. Signature of Licensee

Print Name of Responsible Licensee and License No.

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	STATE WELL REPORT	
County: Marshall	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: Jones W. Mescu.	Office of Land and Water Resources P.O. Box 10631	Well #: F-103
Date completed: 8-30-06	Jackson, MS 39289-0631 (601)961-5210	•
Copy information from block on Part 1	(601)354-6938 (fax)	Elevation:
This part of the report must be complete	 ed by a licensed water well contractor or a licensed pump	installer. A copy of Part 1 of the

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report must be attached and both parts filed with the Department		t at the above address w			
Well Owner Information Owner Name: Patt: Usuba IKNer Mailing Address: 345 Coned Chappel rd Hally Springs Ms 38635 City State Zip Code		Well LocationLatitude: $34.50.551$ Longitude: $89.9.889$ 333Method of Lat/Long (check one): Conventional Survey 53 USGS quad			
Telephone No. (40	<u>1)301-273</u>		Miles		<u>cosout</u>
	Pump Typ 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 Ratin	g of Motor: l	<u> </u>
Date Pump Installe	ed: 8-30-0	×-	Setting Depth:	100	feet
Rated Pump Capac	ity: 12	Gallons Per Minute	Number of Stages:	14	
Pump Test Data		Method of Measuring Water Level			

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: <u>8-30-06</u> Static Water Level (A): <u>75</u> Feet Below Land Surface Pumping Water Level (B): <u>~A</u> Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): <u>String I weight</u>	
Drawdown [(B) – (A)]: Feet Below Land Surface	For flowing well, measured shut in head: <u>A</u> feet	
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): <u> </u>	NA feet after $\partial 4$ hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Jones w. Mason	Gens in Moran.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		Form: OLWR-SWR-1B
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		and a second