County: MArshall
Permit #:
Driller: Jones W. Mason
Date drilling completed: 11-7-04

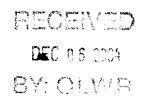
Well Driller Report and Well Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	ŀ
Well #: 174	93
L. S. Elevation:	
E-log #:	

30 days of completion of drilling of the well.	driller in detail and filed with the Department within
Well Owner Information	Well Location
Owner Name Ken Hole	Latitude: 34 . 49 . 531 " Longitude: 89 . 40 . 898"
Mailing Address:	Latitude: 34 • 49 · 531 " Longitude: 89 • 40 · 898 " Method of Lat/Long (circle one): Conventional Survey,
for 61 moores plantation	USGS quad, Hand-held GPS, Survey-grade GPS
Byholia Ms 38611 City State Zip Code	5Ε' NO 1/2 Sec 13. Twn 35 Rng 50
Telephone No. <u>901</u> 494-6089	Distance Direction Nearest Town 「14 Miles 5 of いないのい
Well	Data
Purpose of Well (circle one) Home Industrial Public Supply	
Date well drilling started: 11-7-04 Da	te well drilling completed:
If flowing, method of flow regulation: Valve PA Other	r (describe)
Static Water Level:feet above of below (circle on	e) land surface Date measured: 11-16-04
Method of Measurement (circle one) steel tape electric ta	pe air line other: String I weight
Hole depth: 110' Well depth: 110'	Well grouted to a depth of feet
Type of grout (circle one): Cement Bentonite M	
Casing length: 100 feet Casing diameter: 4	inches Type of casing:
Screen length: 10 feet Screen diameter: 4	inches Type of screen:
Screen slot size:O(Oinches Setting depth: From	100 feet to (10 feet
Type of completion (circle all applicable): Gravel packed Unc	derreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:Afeet. If	telescoped or more than one screen, describe on back of page
Logs run (circle all applicable). No log run Electric Gamma Ra	ay Density Sonic Neutron Other:
Name of organization running log(s):	
I certify that the well was drilled, constructed, and completed in accordance wi Environmental Quality and/or the Mississippi Department of Health regulation	•••••
	nd mile dense iditide
Jones W. Mason 0-620	gous w. Mos.
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



If well telescopes please sketch below and show depths.

Ground Level	4-	WH	

Description of Formations Encountered	From	To
Clay dirt.	0	15
while Sound	15	35
white clay	35	38
while soud	38	110
		
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If more than one screen, show location of each on sketch

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Sketch the property layou aid in locati 4) indicate	at and include the following: 1) the well location; 2) any permanent structures on the property that may ing the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; direction.
	house
	drive (2) well
Landowner Name:	Ten Hale

Signature of Water Well Contractor

DEC 06 2004 BY: OLWR

STATE WELL REPORT Part 2

Pump Installer's Completion Report

County: MArshall

Driller: Jones W. Maser

Permit #:

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

93

Date completed: 11-16-64 (601)961-5210 (601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Location Well Owner Information Latitude: 34.49.531 Longitude: 89.40.898 Owner Name: Ken Hale Method of Lat/Long (circle one): Conventional Survey, Mailing Address:____ USGS quad, (Hand-held GPS, Survey-grade GPS SE 1/2 NW 1/2 Sec 13 Twn 35 Rng 5w Direction Nearest Town Distance 14 Miles 5 of warsow Telephone No. (901) 494-6069 Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Submersible Diesel Engine Jet Air Lift Tractor PTO Hand Electric Motor Piston Turbine Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: _ Other (specify): Date Pump Installed: _ 11-16-04 60 feet Setting Depth: ___ Rated Pump Capacity: ___ / O Number of Stages: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 11-16-04 Steel Tape Air Line Electric Measuring Line Static Water Level (A): ______ Feet Below Land Surface Other (specify): String | weight Pumping Water Level (B): Feet Below Land Surface For flowing well, measured shut in head: _____A ____feet Well yielded 10 Test Pumping Rate: _____ Gallons Per Minute GPM with a drawdown of NA feet after 24 hours of pumping Duration of Pump Test (minimum 4 hours): I HEREBY CERTIFY that the above statements are true to the best of my knowledge. fors w. Moon Jones W. Mason Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

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