			93
	l Driller Repo	rt and Well Log	For Office Use Only:
County: ////	Mississippi Department of Environmental Quality		Aquifer: Well #: <u>JF -180</u>
Driller: Jones UN Mason C	office of Land and P.O. Box	Water Resources	L. S. Elevation:
Date drilling completed: $12 - 28 - 04$	Jackson, MS	39289-0631	E-log #:
	(601)961 (601)354-6	1-5210 938 (fax)	
State Law requires that this report be pl	repared by the dr	iller in detail and filed wit	h the Department within
30 days of completion of drilling of the v Weil Owner Information			I Location
Owner Name (wheeler construction	<u> </u>	_atitude: <u>34 • 48 • 39</u>	E" Longitude: 089.43.33
Mailing Address: 47 Cross creek	Ecove. 1	Viethod of Lat/Long (circle o	one): Conventional Survey,
Mailing Address: 47 Cross Lot 97 - Cope		USGS quad, (Hand-hel	d GPS, Survey-grade GPS
Billio MS	38611	NE 1/ SW 1/4 Sec_ 2	2. Twn 35 Rng 5.
Binalia MS City State	Zip Code	NW Distance Direction	Nearest Town
Telephone No. (901) 409 - 6447		<u></u> Miles	_of_ <u>Watson</u>
	Well D	Data	
	D. Lie Cumply	Irrigation Fish Cultu	re Other:
Purpose of Well (circle one) Home Industrial	Public Supply		
Purpose of Well (circle one Home) Industrial Date well drilling started:	- Date	e well drilling completed.	
	114 Other	(describe)	
If flowing, method of flow regulation: Valve Static Water Level:feet above o	- Galow circle one	e) land surface Date meas	sured: 12-28-04
		oir line other:	string Ineight
Method of Measurement (circle one) steel ta	pe electric ta	pe all line curre	feet
Hole depth: <u>140</u> Well depth: _	140'	Well grouted to a dept	n ol
	ntonite M	ix	
Casing length: 130_feet Casing dia	umeter: <u>4</u>	inches Type of cas	sing: $\underline{\rho \cup C}$
	Ч	inches Type of scr	een: <u>DJC</u>
Screen length:feet Screen di	ameter:		140 feet
Screen slot size: 0.000 inches S	etting depth: Fron	m <u>130</u> feet to	<u> </u>
Type of completion (circle all applicable):	avel packed) Un	derreamed Telescoped	Open hole Natural Develop
Type of completion (circle an application)	·		
	her (describe):		describe on back of
Top of lap pipe or reduction in casing:	DAfeet. I	f telescoped or more than	one screen, describe on back o.
Logs run (circle all applicable): No log run E	Electric Gamma I	Ray Density Sonic New	atron Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and com		the line line is a second among the	of the Mississippi Department of
it with at the well was drilled constructed, and com	pleted in accordance	with all applicable requirements ions and state laws.	
I certify that the wen was of med, could assign be a first start of the Mississippi Departmeter and the missispi Departmeter a	ient of Health regulation		
Environmental Quality and/or the Mississippi Departm	ient of Health regulation	•	
Environmental Quality and/or the Mississippi Departm		•	w. Mosa
Environmental Quality and/or the Mississippi Departm	690	•	re of Water Well Contractor
Environmental Quality and/or the Mississippi Departm	دعی ense No.	•	me of Water Well Contractor
Environmental Quality and/or the Mississippi Departm Jones w. Mason O- Print Name of Water Well Contractor and Lice	دعی ense No.	•	me of Water Well Contractor
Environmental Quality and/or the Mississippi Departm Jones w. Mason O- Print Name of Water Well Contractor and Lice	COC ense No. depths.	Signatu	

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ér. If well telescopes please sketch below and show depths. Description of Formations Encountered То From -180 Ground Level 0 15 Aurt Cla 35 15 C 40 35 01 40 90 65 90 140 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 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) indicate direction. گ پدو^{ار} Ø E ari to use N construction sheeler Landowner Name: ____

L Signature of Water Well Contractor

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S- 163 4000 T-14

E suit Marts Probablisher				
			a 2	
	STATE WE	LL REPORT	9.3	
l		rt 2 Completion Report	For Office Use Only:	
			Aquifer:	
	Permit #: Mississippi Department Driller: Jones W Mason Office of Land an PO Bo	of Environmental Quality ad Water Resources	Well#: <u>17-180</u>	
	1.0.20	ox 10631 S 39289-0631	Elevation:	
	(601)9	61-5210		
	- the supported by the nump installer in (-6938 (fax) letail and filed with the De	partment within 30 days of the	
<u> </u>	This report must be prepared by the pump instance in installation of pump. A copy of Part 1 of this report must Well Owner Information		t. Il Location	
		Latitude: 34-45-390	Longitude: 089 - 43 - 330	
	Owner Name: Wheeler. construction	Method of Lat/Long (circle one): Conventional Survey,		
	Mailing Address: 47 cross creek co.			
	LOT 97 cooper forms	USGS quad, Hand-held GPS, Survey-grade GPS NE 1/2 5~ 1/2 Sec_ 22 Twn_ 35 Rng 5~		
	Byholia MS 386(1 City State Zip Code			
•	City State 219 Code	Distance Direction	•	
	Telephone No. (901) 409-6447	<u>3</u> Miles NW	of watson	
	Pump Type		ower Type Circle one	
	Circle one	Diesel Engine Gas	oline Engine Natural Gas	
	Air Lift Jet Submersible	Dicoci Zingent		
	Bucket Piston Turbine	Licente		
· · ·	Centrifugal Rotary Flowing Well	Windmill Oth	ner (specify):	
	Other (specify):	Horse Power Rating of Mo	otor: <u>3/4</u>	
,	Date Pump Installed: $12 - 38 - 04$	Setting Depth:1	DO'feet	
		Number of Stages:	1	
	Rated Pump Capacity: 12 Gallons Per Minute			
	Pump Test Data	Method of M	leasuring Water Level	
			Circle one	
	Date Well Tested: 12-23-04	Air Line Electric	Measuring Line Steel Tape	
	Static Water Level (A): <u><u><u></u></u> <u><u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u></u></u>	Other (specify): <u>String (weight</u>		
	Pumping Water Level (B): Feet Below Land Surface			
	Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measure	ed shut in head: \mathcal{NA} feet	
		Well vielded 17	GPM with a drawdown of	
			erhours of pumping	
	Duration of Pump Test (minimum 4 hours): <u> </u>			
	I HEREBY CERTIFY that the above statements are true to the b	est of my knowledge.		
•		Gen w. 1	Non	
	Jones w. Mason Print Name of Pump Installer and License No. (if applicable)	Jers w. / Signature of Pump In	nstaller	
	Print Name of Fundy Instance and a state of the	in the second		
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