

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: James W. Masow  
 Date drilling completed: 1-26-05

### 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: \_\_\_\_\_  
 Well #: H-187  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Paul Marshall</u>	Latitude: <u>34° 49' 59.6"</u> Longitude: <u>89° 41' 09.00"</u>
Mailing Address: <u>LOT 52</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Moore's Plantation</u>	<u>SW</u> 1/4 NW 1/4 Sec <u>13</u> Twn <u>35</u> Rng <u>5W</u>
<u>Byhalia</u> MS <u>38611</u>	Distance: <u>1/8</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Warsaw</u>
City State Zip Code	
Telephone No. <u>(601) 383-0897</u>	

**Well Data**

Purpose of Well (circle one):  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

Date well drilling started: 1-26-05 Date well drilling completed: 1-26-05

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 30 feet above or  below (circle one) land surface Date measured: 1-26-05

Method of Measurement (circle one):  steel tape  electric tape  air line  other: string weight

Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 70 feet to 80 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

James W. Masow U-620 James W. Masow  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 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: \_\_\_\_\_

Well #: H-187

Elevation: \_\_\_\_\_

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: James W. Mason  
 Date completed: 1-26-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Paul Marshall</u> Mailing Address: <u>LOT 52</u> <u>moore's plantation</u> <u>Byholia ms 38611</u> <small>City State Zip Code</small> Telephone No. <u>(901) 383-0897</u>	Latitude: <u>34.49.596</u> Longitude: <u>089.41.009</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 13 Twn 35 Rng 56</u> Distance Direction Nearest Town <u>1/8</u> Miles <u>SE</u> of <u>Warsaw</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>1-26-05</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>50</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-26-05</u> Static Water Level (A): <u>30</u> Feet Below Land Surface Pumping Water Level (B): <u>NA</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>string / weight</u> For flowing well, measured shut in head: <u>NA</u> feet Well yielded <u>10</u> GPM with a drawdown of <u>NA</u> feet after <u>24</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

James W. Mason  
 Print Name of Pump Installer and License No. (if applicable)

James W. Mason  
 Signature of Pump Installer

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 FEB 28 2005  
 BY: OLWR