

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date drilling completed: 5-5-05

**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-207  
 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>Jared Kelley</u>	Latitude: <u>34.49.259</u> Longitude: <u>89.40.668</u>
Mailing Address: <u>LOT 109</u> <u>moore's plantation</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Byhalia</u> MS <u>38611</u> City State Zip Code	<u>NW 1/4</u> <u>SE</u> <u>13</u> Twn <u>35</u> Rng <u>5W</u>
Telephone No. ( <u>901</u> ) <u>494-0370</u>	Distance <u>1/4</u> Miles Direction <u>S</u> of Nearest Town <u>Warsaw</u>

**Well Data**

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

Date well drilling started: 5-5-05 Date well drilling completed: 5-5-05

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 5-5-05

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

Hole depth: 90' Well depth: 90' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 90 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.

Jones W. Mason 0-620  
 Print Name of Water Well Contractor and License No.

Jones W. Mason  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

BY: [Signature]



