County: Marshall		
Permit #:		
Driller: Joses w. Maron		
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

30 days of completion of drilling of the well.					
Well Owner Information	Well Location				
Owner Name Jord Kelley	Latitude: 34 . 49 . 359 " Longitude: 89 . 40 , 668,				
Mailing Address: LOT 109	Method of Lat/Long (circle one): Conventional Survey,				
moores plantation	USGS quad, Hand-held GPS, Survey-grade GPS				
Byholio Ms 38611 City State Zip Code	νω 1/4 Sec 13 Twn 35 Rng 5ω				
•	SE Distance Direction Nearest Town				
Telephone No. (901) 494-0370					
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 Other	r (describe)				
Static Water Level: 45 feet above or below (sircle on	e) land surface Date measured: 5-5-05				
Method of Measurement (circle one) steel tape electric tape air line other: String / weight					
Hole depth: Well depth: Well grouted to a depth of feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 80 feet Casing diameter: 4	inches Type of casing:				
Screen length: 10 feet Screen diameter: 4	inches Type of screen:				
Screen slot size:, © (Oinches Setting depth: From & Ofeet to 90feet					
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 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. Moson 0-620	Jos w. Mosa				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

Ground Level	Description of Formations Encountered	From	То
	clay dirt	0	15
	white Soud	15	90
			ļ

If more than one screen, show location of each on sketch

Sketch the pr	operty layout and include the following: 1) the well location; 2) any permanent structures on the property the aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the 4) indicate direction.	nat may the well;
7	Mouse S	5
Landowner N	iame: Jarad Kelley w	

Signature of Water Well Contractor

BYLULWH

STATE WELL REPORT Part 2

Pump Installer's Completion Report

Aquifer: _ Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Elevation:

For Office Use Only:

Driller: Jones W. Mason Date completed: 5-5-05

County: MArshall

Permit #: _____

Jackson MS 39289-0631

	(601)961-5210				
(601)35-	4-6938 (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 mu Well Owner Information	Well Location				
Owner Name: Jord Kelley	Latitude: 34-49.259 Longitude: 89,40.668				
Mailing Address: LOT (09	Method of Lat/Long (circle one): Conventional Survey,				
Moores plantation	USGS quad, Hand-held GPS Survey-grade GPS				
Byholia Ms 38611 City State Zip Code	<u>νω 1/4 νω 1/4 Sec</u> (3 Twn 3 5 Rng 5 w				
	Distance Direction Nearest Town				
Telephone No. (() 494-0370	Miles 5 of wasow				
Pump Type 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 Rating of Motor:				
Date Pump Installed: 5-5-05	Setting Depth:feet				
Rated Pump Capacity:	Number of Stages:				
Pump Test Data	Method of Measuring Water Level				
Date Well Tested: 5-5-05	Circle one				
Static Water Level (A): 45 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape				
Pumping Water Level (B): NA Feet Below Land Surface	Other (specify): string (weight				
Drawdown [(B) – (A)]:	For flowing well, measured shut in head:feet				
Test Pumping Rate: Gallons Per Minute	Well yielded (2 GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):hours	_ ~ Afeet after _ Ohours of pumping				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Jones w. Mason					
- Cores without					

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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