

State Well Report

Part 1 - Driller's 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-224
L. S. Elevation: _____
E-log #: _____

County: Marshall
Permit #: _____
Driller: James W. Meser
Date drilling completed: 9-8-05

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>		Well or Borehole Location	
Owner Name: <u>Ken Hble</u>		Latitude: <u>34.49.285</u> " Longitude: <u>89.40.946</u> "	
Mailing Address: <u>LOT 77</u>		Method of Lat/Long (circle one): <u>12</u> Conventional Survey, <u>50</u>	
<u>Moore's plantation</u>		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Byholia MS 38611</u>		<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>13</u> Twp <u>3s</u> Rng <u>5w</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>112</u> Miles Direction: <u>5</u> of <u>W/S/W</u>	
Telephone No. <u>901-494-6089</u>			
Well / Borehole Data			
Date drilling started: <u>9-8-05</u>	Date drilling completed: <u>9-8-05</u>	Hole depth: <u>125'</u>	Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: <u>NA</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>			
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>NA</u>			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____			
Seismic Survey _____ Other (describe) _____			
<i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____			
If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____			
Static Water Level: <u>60</u> feet above <u>(below)</u> (circle one) land surface Date measured: <u>9-10-05</u>			
Method of Measurement (circle one) steel tape electric tape air line other: <u>string weight</u>			
Well depth: <u>125'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix			
Casing length: <u>115</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>			
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>			
Screen slot size: <u>.010</u> inches Setting depth: From <u>115</u> feet to <u>125</u> feet			
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): <u>NA</u>			
Top of lap pipe or reduction in casing: <u>NA</u> feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A

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BY: OLWR

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)

County: Marshall
Permit #: _____
Driller: Jones W. Moser
Date completed: 9-10-05

For Office Use Only:

Aquifer: _____
Well #: H-224
Elevation: _____

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 Owner Information	Well Location
Owner Name: <u>Kew Hale</u>	Latitude: <u>34.49.202</u> Longitude: <u>89.40.940</u>
Mailing Address: <u>LOT 77</u> <u>moore's plantation</u> <u>Bahalia MS 38611</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>13</u> Twn <u>35</u> Rng <u>5w</u>
Telephone No. <u>(901) 494-6089</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>S</u> of <u>Warsaw</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-10-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>String (weight)</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Jones W. Moser
Print Name of Pump Installer and License No. (if applicable)

Jones W. Moser
Signature of Pump Installer

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