County: Marshall		
Permit #:		
Driller: James in Mason		
Date drilling completed: 10-12-05		

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- 237		
L. S. Elevation:		
E-log #:		

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	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 34 ° 50 ° 3000° Longitude: 81 ° 41 ° 600°			
Owner Name Kari Manabb	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 257 lynette dive	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
	Sw 1/ NE 1/ Sec 11 Twn 35 Rng 5w			
Byholia Ms 38611 City State Zip Code				
City State Zip Code	Distance Direction Nearest Town 314 Miles いい of いからい			
Telephone No. (901) 482 - 3645	11 Miles 11 01 03/3/ 3//00			
Well / Bore	hole Date			
Date drilling started: 10-13-6 Date drilling completed: 10-13-6	Hole depth: 140' Hole diameter: 6314"			
Location of the source of any surface water used for drilling:	- Δ			
Method of dosing and volume of Chlorine used in drilling and development	opment: NA			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): A				
Purpose of borehole (check one): Water Well Well Geotechnical/Geold	orical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe) If drilling is not related to water well construction	skin the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve On	ther (describe)			
Static Water Level: 66 feet above or below (circle one) land surface Date measured: 10-13-05				
Method of Measurement (circle one) steel tape electric tape air line other: String (weight				
Well depth: Well grouted to a depth of feet				
Casing length: . 130 feet Casing diameter: 4 inches Type of casing: pcc				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: poc				
Screen slot size: _ , CICinches				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:				

Form: OLWR-SWR-1A



The sketch below only required for water wells	Description of formations encountered must be provided for all			
The Sketch below only regulated for white	wells and boreholes, unless specifically	y exempted by regi	ulations	
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered		To (depth)	
	clay dirt.	Ground Level	15	
	grovel	15	30	
	while clay	<u></u>	65	
	unite soud	65	140	
			_	
			<u> </u>	
				
		<u> </u>		
			1	
			 	
			 	
			_	
			<u> </u>	
If more than one screen, show location of each on sketch				
Sketch the property layout and include the following: 1) the we	Il location: 2) any permanent structures on th	e property that ma	v	
aid in locating the well; 3) any roads, power lines,	or other items that may aid in locating the n	roperty and the we	ell:	
		.opony and mo		
4) a north arrow.	ρ		l	

	aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.	
Ŷ	Lynette drie. Pond Limite Muse	
	5	
Landown	er Name: Kari McNabb-	
	Form: OLWR-SWF	≀-1 A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws. Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

THE TO LESS

BY OLWA

STATE WELL REPORT

Part 2

County: Marshall

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

P.O. Box 10631 (601)961-5210 (601)354-6938 (fax)

Driller: Joses w. Masin Jackson, MS 39289-0631 Date completed: 18-13-C5 Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. **Well Owner Information** Well Location Owner Name: Keri McNoSh Latitude: 34.50.300 Longitude: 89.41.600 Mailing Address: 257 Lynette drive Method of Lat/Long (check one): Conventional Survey____, USGS quad __, Hand-held GPS /, Survey-grade GPS SWNE "Sec II T 35 R 5W Zip Code Distance Direction Nearest Town Telephone No. (201) 482- 2645 314 Miles NW of Warsow **Pump Type** Power Type Circle one 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: 100 Setting Depth: ιl Rated Pump Capacity: ___ Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one 10-13-05 Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 66 Feet Below Land Surface Other (specify): String I weight Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: _________ Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: (2 Gallons Per Minute Well yielded GPM with a drawdown of 74 Duration of Pump Test (minimum 4 hours): $\exists \forall$ feet after_ hours hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Jaes w. Moson	Gas - Mm	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	And he was being
		Form: OLWR-SWR-1B



部化 计生活外