	State W	ell Report		
County: Marshall	Part 1 – Driller's Log		For Office Use Only:	
County: 1 · 18/3 v.s ()	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:		nd Water Resources	Well #: 11-250	
Driller: James w. Masou	P.O. I	Box 10631	Well #: 11 00 00	
	Jackson, M	IS 39289-0631	L. S. Elevation:	
Date drilling completed: 1-14-06	, ,	961-5210		
<u></u>	(601)35	4-6938 (fax)	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 (			rehole Location	
(Landowner if borehole is not fo	or a water well)	July 34 049 581	" Longitude: 89 • 43 , 995,	
Owner Name Borbora 5"	006	Lantude: 3 1 - 11 341	Longitude: 0 ( 1 1 3 7 1 3	
	Ţ	Method of Lat/Long (circle or	ne): Conventional Survey.	
Mailing Address: 183 Conol	ridge			
	<del></del>	USGS quad, Hand-held	GPS, Survey-grade GPS	
		565 11 15	Twn 35 Rng 500	
<u>City</u> Sta	78611	35 1/35 1/4 Sec 13		
City Sta	te Zip Code	Distance Direction	Nearest Town	
		13/4 Miles 500	worsow to	
Telephone No. (663) 838-408	<u>5</u>			
	Well / Bore			
Date drilling started: 1-14-06 Date dr	illing completed: 63	Hole depth: 63'	Hole diameter: 8	
Location of the source of any surface water	er used for drilling: $\mathcal{N}^{\Delta}$	•		
Method of dosing and volume of Chlorine	e used in drilling and devel	opment: ~		
	<b>)</b>			
Logs run (circle all applicable): No log run	Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s):	197			
Purpose of borehole (check one): Water W	ell Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump	
Seismic SurveyOther (describe)				
If drilling is not related to water well construction, skip 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 _ \( \sumsymbol{\mathcal{N}} \) Other (describe)				
Static Water Level:feet above of below (circle one) land surface Date measured:1 - 1 - 06				
Method of Measurement (circle one) steel tape electric tape air line other: 5tring (weight				
Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 50 feet Casing diameter: 4 inches Type of casing: puc				
Screen length: 10 feet Screen	en diameter: 4	inches Type of screen:	puc	
Screen slot size: COO inches	Screen slot size: COO inches Setting depth: From 50 feet to 60 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: \_

feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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The sketch below	v only required fo	r water wells	<u>De</u> .

## If well telescopes, show depths on sketch.

Ground Level.

<u>scription of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	Γο (depth)
Description of Formations Encountered	From (depth) Ground Level	30
white Soud-	30	62
		. = .
		_
	<del>   </del>	

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

Sketch the	property layout and include the faid in locating the well; 3) any 4) a north arrow.	ollowing: 1) the well l roads, power lines, or	ocation; 2) any permanent s other items that may aid in	structures on the property that may a locating the property and the well;
	., a noith anom.		<b>√</b>	
8	العن	ho	USP	
Landowne	T Name: Barbara	Sipes	<u></u>	
				Form: OI M/P SM/P

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

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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

For Office Use Only:

Date completed: 1-14-06	(601)061 5210		""	
Copy information from block on Part 1	(601)961-5210 (601)354-6938 (fax)		Elevation:	
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 file				
Well Owner Informat			l Location	
Owner Name: Borbora S		Latitude: 34, 49. 561 Longitude: 89. 43.092		
Mailing Address: 183 (000)	ridge	Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS		
Byholia Ms City State	3861)	5w 1/2 NW 1/2 Sec 15	5 τ 35 R 5ω	
City State Zip Code		Distance Direction Nearest Town		
Telephone No. (42) 838- 4085		13/4 Miles Sw of worsow		
Pump Type Circle one			wer Type ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e 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:3/4		
Date Pump Installed: 1 - 14 - 06		Setting Depth:feet		
Rated Pump Capacity: Gallons Per Minute		Number of Stages:		
Pump Test Data			asuring Water Level	
Date Well Tested: 1-14-06		Air Line Electric Meas		
Static Water Level (A): 30 Feet Below Land Surface		Other (specify):		
Pumping Water Level (B):Feet Below Land Surface		Omer (specify): This	1 chaigin	
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured sh	ut 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	PA feet after _	hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

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

County: Marshal

Permit #:

Signature of Pump Installer

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