	State We	ell Report	
	1	riller's Log	For Office Use Only:
County: Mershell		of Environmental Quality	Aquifer:
Permit #:		nd Water Resources	Well #: H- 261
Driller: Jones w. Mason		ox 10631	
		S 39289-0631	L. S. Elevation:
Date drilling completed: 3-30 - 66		061-5210	
	[601)354	-6938 (fax)	E-log #:
State Law requires that this report Department at the above address	rt be prepared by the lice within 30 days of comp	nse holder responsible for t letion of drilling of the well	he work and filed with the or borehole.
Information on Well			rehole Location
(Landowner if borehole is not f	or a water well)	34.49 .196	89 . VA . 355.
Owner Name Paul Morsh	1	Latitude:	" Longitude: 8 9 • 40 ; 33 5 "
•	70 (t	Method of Lat/Long (circle or	ne): Conventional Survey,
			GPS Survey-grade GPS
Moores pla Byholio M City Sta	Notion 200	SE 1/4 1/2 1/2 Sec 13	Twn 3s Rng 5w
Byhalic M	2 38611	<u> </u>	
		Distance Direction	Nearest Town
Telephone No. 901 383 - UE97			01
	Well / Borel	iole Data	
Date drilling started: 3-30-06 Date dr	rilling completed: 3-30-0	6 Hole depth: (10.	Hole diameter: 63/4
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):			
Purpose of borehole (check one): Water WellGeotechnical/Geological 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 \checkmark Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other: 5trm (weight			
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 100 feet Casing diameter: 4 inches Type of casing:			
Screen length: 10 feet Screen diameter: 4 inches Type of screen:			
Screen slot size: O(O inches Setting depth: From (OO feet to (IO) feet			

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

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

Other (describe):

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

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The sketch below only required for water wel	The	sketch	below	only	required	for	water	wells
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f well telescopes,	show	depths	on	<u>sketch</u>
Ground Level				

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered		o (depth)
cley dirt.	Ground Level	30
white Soud	30	70
while clay	<u> </u>	75
while said	75	110
		<u> </u>
		L
	1	

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the pro-	property that may operty and the well;
\mathcal{U}	
2 have	2
Landowner Name: Pal Marshall 3	
	Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the

Mississippi Department of Environm	ental Quality ar	nd the Mississippi Dep	artment of Health regulations, if applicable,	а
laws.	0-670	4-38-06	Gers w. Man	

Print Name of Responsible Licensee and License No.

Date

/ Signature of Licensee

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STATE WELL REPORT

County: Morshall

Part 2

Pump Installer's Completion Report

For Office Use Only:				
Aquifer:				
Well #: H-261				
Elevation:				

	epartment of Environmental Quanty Aquiter:		
Driller: Jenes w. Mosw.	of Land and Water Resources P.O. Box 10631		
To	P.O. Box 10631 ckson, MS 39289-0631 Well #: H-261		
Date completed:	(601)061 5210		
4-3-06 Copy information from block on Part 1	(601)354-6938 (fax) Elevation:		
	CD -1 Cd		
This part of the report must be completed by a licensed was	ter well contractor or a licensed pump installer. A copy of Part 1 of the		
	rtment at the above address within 30 days of well completion. Well Location		
Well Owner Information			
Owner Name: Paul Marshall	Latitude: 34 · 49 - 196 Longitude: 29 · 40 · 335		
Mailing Address: LOT 143	Method of Lat/Long (check one): Conventional Survey,		
moores plantation	USGS quad, Hand-held GPS, Survey-grade GPS		
Moores plantation Byhalia Ms 38611 City State Zip Code	SE 1/Sw 1/2 Sec 13 T 3s R 5w		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (901) 383 - 0897	1/2 Miles SE of worsew		
Telephone No. (177) 303-0047			
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:		
Date Pump Installed: 4-3-06	Setting Depth:feet		
Rated Pump Capacity: Gallons Per Mir	nute Number of Stages:		
Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 4-3-06	Circle one		
Static Water Level (A): 75 Feet Below Land Sur	Air Line Electric Measuring Line Steel Tape		
†	Other (specify): Think we is the		
Pumping Water Level (B):Feet Below Land Sur	face		
Drawdown [(B) – (A)]:Feet Below Land Sur			
Test Pumping Rate: Gallons Per Min	nute Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 24 ho	ours feet after 34 hours of pumping		
I HEREBY CERTIFY that the above statements are true to	the best of my knowledge		
I HERED I CERTIF I mat me above statements are mue to	the best of my knowledge.		

I HEREBY CERTIFY that the above statements are true to the best o	of my knowledge.
Joses W. Moson	Jero w. Maran
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Farm OLMD CMD 1D

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