	State W	ell Report	
D 4 D 11 - T		For Office Use Only:	
County: Morshall	Mississippi Department of Environmental Quality		Aquifer:
Permit #:	Office of Land and Water Resources		Well#: H- \$85
l			Well #: _ H - (X (Q -)
Driller: Dones W. Mason		IS 39289-0631	L. S. Elevation:
Date drilling completed: 9-5-06		961-5210	E. S. Elevation
Date arming completed.		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 Or		Well or Bo	rehole Location
7 1 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Lamas Large Mila	_	Latitude: 37 47 37	Longitude: 37 × 13 × 10 /
Owner Name Correspondent is not for a water well) Owner Name Correspondent is not for a water well) Method of Lat/Long (circle of the correspondent in the		Method of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address: 18 Corol (idge USGS quad Hand-hel		USGS quad, Hand-held	GPS, Survey-grade GPS
2		5w 1/2 Novi 1/2 Sec_ 15	Twn 3s Rng Sw
City State	Bythelia M5 38611 City State Zip Code Distance Direction		Nearest Town
		17/8 Miles Sw	of worsow
Telephone No. (901) 626 - 1471			
	Well / Bore	hole Data	
Date drilling started: _ \(-5-06\) Date dril	ling completed: (1-5-0	Hole depth: 110'	Hole diameter: 63/4
Location of the source of any surface water	used for drilling:	4	
Method of dosing and volume of Chlorine	used in drilling and devel	lopment: NA	
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 Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
If drilling is not related to	o water well construction	n, skip the remainder of this bl	ock
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve ~ A Other (describe)			
Static Water Level: feet above of below (circle one) land surface Date measured: C C C C			
Method of Measurement (circle one) steel tape electric tape air line other: string luci sub-			
Well depth: (10 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: puc			
Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10			
Screen slot size: , O(O inches Setting depth: From 100 feet to 110 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 RECEIVED

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The sketch below only required for water wells If well telescopes, show depths on sketch. Ground Level.		Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
		Description of Formations Encountered From (depth) To (depth)			
		Cley	dirt.	Ground Level	35
		inhite	Sad	35	110
					
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If more than one screen, s	show location of each on sketch				
Sketch the property layout and aid in locating the 4) a north arrow.	d include the following: 1) the well ne well; 3) any roads, power lines, o	location; 2) any por other items that	ermanent structures on the may aid in locating the pro	property that may operty and the well	l;

	4) a north arrow.	o property and are non,
w	house	E
	well by	
Landowne	r Name: Lory Milon.	

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 Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws.		\sim
Jones W. Moson 0-620	30-66-5	your. Non
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee RECEIVED

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BY: OLWR

STATE WELL REPORT

County: Marshall Permit #:

Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
Well #: //-	285	
Elevation:		

Driller: Dres W. N 630	P.O. Box 10631 ackson, MS 39289-0631 Well #:	
Date completed: 9-6-06	(61)0(1,5210	
Date completed.	(601)961-5210 (601)354-6938 (fax)	
Copy information from block on Part 1	(001)334-0936 (1ax)	
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: Larry Milan Mailing Address: 218 conol ridge.	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Byhalia M3 38611 City State Zip Code	Distance Direction Nearest Town	
Telephone No. (901) 626 - 1431	17/8 Miles Sw of warsow	
	Power Type	
Pump Type Circle one	Circle one	
Chele one	0.000	
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: 314	
Date Pump Installed:	Setting Depth:feet	
Rated Pump Capacity: Gallons Per M		
	M. d. J. C.M. and J. W. Ann I and	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 9-6-06		
Static Water Level (A): Feet Below Land St	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B): NA Feet Below Land Su	other (specify): String weight	
Drawdown [(B) – (A)]: ~~~ Feet Below Land St	. ^	
Test Pumping Rate: Gallons Per M		
Duration of Pump Test (minimum 4 hours):	noursfeet afterhours of pumping	

I HEREBY CERTIFY that the above statements are true to the best o	f my knowledge.
Jones w Masar, 0-620	Jas w. Mr.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer RECEVEL
	Form: OLWR-SWR-1B

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