	State Well Report	
County: Morshall	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	well #: H- 319_
Driller: Jones w. Majan	P.O. Box 10631	
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 11-5-07.	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

-3

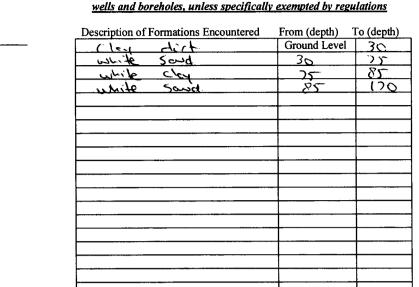
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well) Well or Borehole Location Owner Name_Browdew Simpsod Mailing Address: USGS quad (Hand-held GPS) Survey-grade GPS				
Owner Name_Browden Simpson Mailing Address: USGS guad Hand-held GPS.) Survey-grade GPS	·			
Owner Name_Orcodex_Simpson Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS guad Hand-held GPS_Survey-grade GPS	"			
Mailing Address:				
USGS quad/Hand-held GPS.) Survey-grade GPS				
1603 ST Poul. NES 1/4 Sec 913 Twn 35 Rng Su				
By State Zip Code Direction Nearest Town				
Ma Miles E of inderson				
Telephone No. (901) 299 - 9618				
Well / Borehole Data	_			
Date drilling started: $1-5-07$ Date drilling completed: $1-5-07$. Hole depth: $170'$ 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:				
A CALLER IN THE ALL CALLER BALL Description Service Mentering Others				
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well <u>C</u> Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (<i>describe</i>)				
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 Other (describe)				
Static Water Level: 84 feet above or below princle one) land surface Date measured: 11-15-07				
Method of Measurement (circle one) steel tape electric tape air line other: string [neight				
Well depth: 10 Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: <u>160</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>04</u>				
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>$\rho \cup c$</u>				
Screen slot size: <u>010</u> inches Setting depth: From <u>160</u> feet to <u>170</u> 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				
	R-1A			

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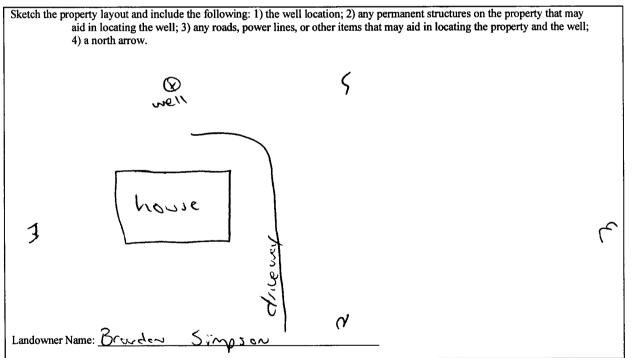
The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level



Description of formations encountered must be provided for all

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



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. Janes W Meson (2-620 12-3-07

pens w. M.

Print Name of Responsible Licensee and License No.

Date

' Signature of Licensee

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STATE WELL REPORT				
County 5 VIGE 5 CS CI Pump Installer Permit #: Mississippi Departme Driller: Jaces 2 2 Acsol Date completed: 11- (5-07) Copy information from block on Part 1 (601)3: This part of the report must be completed by a licensed water well	For Office Use Only: s Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210 54-6938 (fax) contractor or a licensed pump installer. A copy of Part 1 of the contractor or a licensed pump installer. A copy of Part 1 of the			
report must be attached and both parts filed with the Department Well Owner Information	Well Location			
Owner Name: Brouden Simpson	Latitude: 34, 49, 327 Longitude: 89, 40-244			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
1603 ST Poul	USGS quad, Hand-held GPS, Survey-grade GPS			
Byholia Ms 38611 City State Zip Code	NW 1/2 NE 1/2 Sec 13 T 35 R 500			
	Distance Direction Nearest Town			
Telephone No. (901) 299 - 9648	12 Miles E of worsow			
Pump Type Circle one	Power Type 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: 314			
Date Pump Installed: 11-15-07	Setting Depth: / 20feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Level (A): 8.4 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): Feet Below Land Surface	Other (specify): <u>String (weight</u>			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head: $\underline{\mathcal{MA}}$ feet			
Test Pumping Rate: Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	$\underline{\qquad}$ AM feet after $\underline{\qquad}$ hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Jones W. Meson 0-620 Gens w. Man				
Print Name of Pump Installer and License No. (if applicable) / Signature of Pump Installer				

rint Name of Pum	p Installer and License N	No. (if applicable)

Form: OLWR-SWR-1B RECEIVED DEC 0 6 2007

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