	e Well Report	For Office Use Only:	
	Part I – Driller's Log		
	and and Water Resources	Aquifer:	
Driller Jose when Moscow	P.O. Box 10631	Well #:	
Jacks	on, MS 39289-0631	L. S. Elevation:	
	(601)961-5210 (601)354-6938 (fax) E-log #:		
(601)354-6938 (fax)			
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 Bo	orehole Location	
(Landowner if borehole is not for a water well)	for a water well) Latitude: $34 \circ 43 \circ 541$ "Longitude: $89 \circ 43 \circ 642$ $32 \circ 38$		
Owner Name Mike Elred			
Mailing Address: 652 shownon loop	Method of Lat/Long (circle one): Conventional Survey,		
Maining Address. 05 0 5. 0 MARCA (004)	USGS quad, Hand-held GPS Surve		
	NW 45E 4 Sec 22 Twn 35 Rng 5w		
Bynalie Ms 38611 City State Zip Code	Distance Direction	Nearest Town	
•	112 Miles NW	of wotson -	
Telephone No. (<u>101)</u> 644 - 5572			
Well /	Borehole Data		
Date drilling started: $\underline{4 - \partial - \partial e^{\rho}}$ Date drilling completed: $\underline{4 - \partial - \partial e^{\rho}}$	8-08 Hole depth: 140'	Hole diameter: <u>6³14</u>	
Location of the source of any surface water used for drilling:			
Logs run (circle all applicable): No log rup Electric Gamma Name of organization running log(s):	a Ray Density Sonic Neutron	Other:	
Purpose of borehole (check one): Water Well <u></u> Geotechnical	//Geological Investigation Ground	Source Heat Pump	
Seismic Survey Other (de If drilling is not related to water well const	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: <u>60</u> feet above or below (circle one) land surface Date measured: <u>$4-7-00^{\circ}$</u>			
Method of Measurement (circle one) steel tape electric tape air line other: String lueight			
Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>			
Screen length: <u>()</u> feet Screen diameter: <u></u>		•	
Screen slot size: , O(O inches Setting depth: Fr			
Type of completion (circle all applicable): Gravel packed			
Other (describe): _	mt		
Top of lap pipe or reduction in casing:feet.	If telescoped or more than one scre		
	- Alberton	Form: OLWR-SWR-1A	

• •

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H-329

To (depth)

18

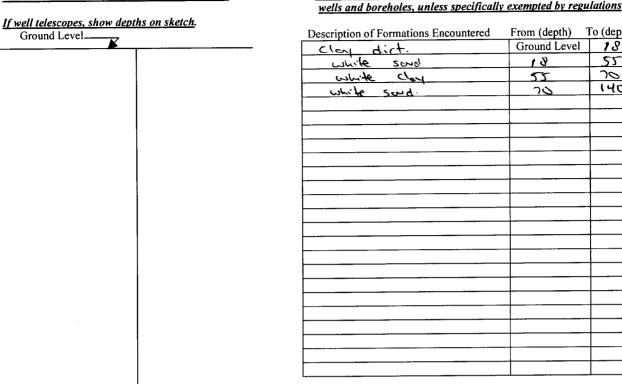
55

20

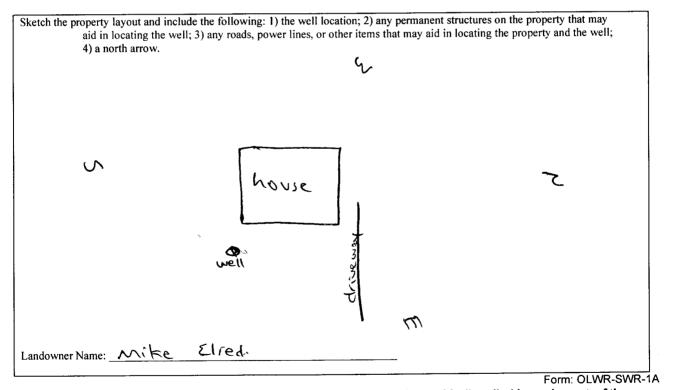
140

Description of formations encountered must be provided for all

The sketch below only required for water wells



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



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.

Jones w. Mason 0-620 4-20-08-Date

RECEIVED low w. N.

Print Name of Responsible Licensee and License No.

Signature of Licensee

MAY 0 5 2008 **BY: OLWR**

ounty: Mershall	Part 2 Pump Installer's Completion Report	For Office Use Only:
rmit #:	Mississippi Department of Environmental Quality	Aguifer:
iller: Jones w. Mason	Office of Land and Water Resources P.O. Box 10631	Well #: H- 329
te completed: 4-7-08	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)	Elevation:

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: Mike Elsed	Latitude: 34. 48. 541 Longitude: 89. 42. 642
Mailing Address: 652 Shormrak Loop	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS ν , Survey-grade GPS
<u>Byholia M3 38611</u> City State Zip Code	NW 45E 4 Sec 22 T3S RSW
	Distance Direction Nearest Town
Telephone No. (901) 644.5572	11/2 Miles NW of watson

	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: 3/4	
Date Pump Installed:	4-7-08		Setting Depth:	90	_feet
Rated Pump Capacity: _	(0)	Gallons Per Minute	Number of Stages: _	88	

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: $4 - 7 - 0 \sqrt{2}$ Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): <u>String Ineight</u>	
Pumping Water Level (B): <u>NM</u> Feet Below Land Surface Drawdown $[(B) - (A)]$: <u>Feet Below Land Surface</u>	For flowing well, measured shut in head: <u></u>	
Test Pumping Rate: (10) Gallons Per Minute Duration of Pump Test (minimum 4 hours): $\overline{24}$ hours	Well yielded GPM with a drawdown of	

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Jones w. Mason 0-620	Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)	Form: RECEIVED

MAY 0 5 2008 BY: OLWR