	State W	ell Report	E. Official Vision Color	
County: Morshall	Part 1 - Driller's Log For Office Use Only:		For Onice Use Only:	
		t of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 230% Well #: 47-33		Well #: H- 335	
Driller: Jares w. Mosen	_	, MS 39225		
Date drilling completed: 7 - 11 - 0 c	(601)9	61- 5210	L. S. Elevation:	
Date diffing completed. 7 (1 50	(601)961	- 5228 (fax)	E-log #:	
State Law requires that this repor	t he nrenared by the lice	ense holder responsible for t		
Department at the above address				
Information on Well ()wner		orehole Location	
(Landowner if borehole is not for	or a water well)	Tarinda 34 . 49 .684	1" Langituda: 290 40, 735"	
Owner Name Prentice St	ecle	<u> </u>	Longitude: 89 · 40 · 35 · 49 ne): Conventional Survey,	
· · · · · · · · · · · · · · · · · · ·		Method of Lat/Long (circle or	ne): Conventional Survey,	
Mailing Address: 188 Beecht	ree love	LICCS and (Hand hold	GPS) Survey-grade GPS	
			The state of the s	
D	200	SM 1/2 NE 1/2 Sec_ 13	Twn 3s Rng 500	
City State	300011	14.10	Nearest Town	
•	•	Distance Direction Miles 5 =	of Caler is see	
Telephone No. (901) 502-333	٦			
	Well / Bore	- ala Data		
Date drilling started: $\frac{\sum -i l - c e^{\Omega}}{2}$ Date dri	illing completed: \(\cap-\lambda - \lambda - \cap-\cap-\cap-\cap-\cap-\cap-\cap-\cap-	Hole depth: 140	Hole diameter: 6314	
I anation of the course of any surface water	a read for drillings ! A			
Location of the source of any surface water Method of dosing and volume of Chloring	er used for drilling: \(\sum_{\text{in}} \)	poment: APA		
_				
Logs run (circle all applicable): No log rui Name of organization running log(s):			Other:	
Traine or organization running log(s).	/ON			
Purpose of borehole (check one): Water W	ellGeotechnical/Geolo	gical Investigation Ground	Source Heat Pump	
Seismic Survey Other (describe)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home	ndustrial Public Supply	Irrigation Fich Culture	Other	
raipose of wen (check one). Home	idustriai Fuone Suppry	Ingation rish culture	Ouk.	
If a flowing well, method of flow regulation	n: Valve O	ther (describe)		
Static Water Level: 55 feet above of below (circle one) land surface Date measured:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 130 feet Casing diameter:inches Type of casing:				
Screen length:				
Screen slot size: , Old inches Setting depth: From 130 feet to 140 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 tel	escoped or more than one scre	en, describe on next page	

Form: OLWR-SWR-1A (04/08)

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BY: OLWR

The	ckatch	helmo	anh	required	for	water	walls
ıne	SKEICH	veww	unuv	гециигеи	IUT	wwer	weu:

If well	telescopes,	show	depths	on	sketch.
Gro	ound 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)
clay dost	Ground Level	15
winite sond	15	50
B(ve clo-1	50	110
while sand	110	140
	<u> </u>	

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 property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.				
			5	
	house			
J		1		~
	Sell Je			
Landowner Name:	Prentice Steele		7	Earns OJ WD SWD 1A (04/08)

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

Print Name of Responsible Licensee and License No.

Signature of Licensee RECEIVED

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BY: OLWR

STATE WELL REPORT

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210

For Office Use Only:		
Aquifer:		
Well #: # - 335 Elevation:		

Dimer. Jews	2 00 10 00 20 ~	P.O. Box 2309 Jackson, MS 39225 Well #: #- 335		
Date completed:	-15-08		1)061 5210	
Commingon et on 6	rom block on Part 1	· · · · · · · · · · · · · · · · · · ·	61-5228 (fax) Elevation:	
<u> </u>				
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.				
report must be att	Well Owner Inform		Well Location	
P.	entice Ste	10	Latitude: 31.49.684 Longitude: 59.40.735	
			Latitude: 2 1 1 1 2 Congitude: 2 1 1 Co. 13)	
Mailing Address:_	188 beech	tree love	Method of Lat/Long (check one): Conventional Survey,	
_		-	USGS quad, Hand-held GPS, Survey-grade GPS	
1 8	Subalia m	38611	SW 4NE 4 Sec 13 T35 R 5w	
1	Sylvalia M City State	Zip Code	300 74 70 = 74 Sec 10 133 R 30	
	•	•	Distance Direction Nearest Town	
Telephone No (01,502-33	137	1/2 Miles SE of worsow	
Totophono 140.	.,			
	Pump Type		Power Type	
	Circle one		Circle one	
4. 1.0	* .		Di a I Parisa Caralina Francis Natural Cara	
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: 7 - (5 - 0 8		harry and the same of the same	Setting Depth:feet	
Rated Pump Capacity: Gallons Per Minute		Gallons Per Minute	Number of Stages:	
	Pump Test Dat	a	Method of Measuring Water Level	
Date Well Tested: 7 - (5 - 0 5			Circle one	
			Air Line Electric Measuring Line Steel Tape	
Static Water Level (A):Feet Below Land Surface		et Below Land Surface	Other (specify): String (weight	
Pumping Water Level (B): Feet Below Land Surface			(-p/)	
Drawdown [(B) – (A)]:Feet Below Land Surface		et Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute			Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours			feet after 24 hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				

I HEREBY CERTIFY that the above statements are true to the bo	est of my knowledge.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
Print Name of Pump histaner and License No. (if applicable)	Form: OLWR SVE-(B D4/08)

AUG @ 1 2008

BY: OLWR