	State W	'ell Report	E 065 H 0 1		
County: Ma/shall	Part 1 – I	Oriller's Log	For Office Use Only:		
	Mississippi Department of Environmental Quali		Aquifer:		
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:		
Driller: Jones w. Moson	Jackson, MS 39225		L. S. Elevation:		
Date drilling completed: 6-9-09		961- 5210	L. S. Elevation:		
pute uning completes.	(601)96	1- 5228 (fax)	E-log #:		
State Law requires that this repor	rt be prepared by the lice	ense holder responsible for i	the work and filed with the		
Department at the above address	within 30 days of comp	oletion of drilling of the well	or borehole.		
Information on Well (rehole Location		
(Landowner if borehole is not for		Latitude. 34 . 48 , 60	" Longitude: 89° 42,245",		
Owner Name April Greg	014	37	45		
Mailing Address: 312 sho	maract land	Method of Lat/Long (circle or	ne): Conventional Survey,		
maning rudiess.	The coop	USGS quad, Hand-held	GPS, Survey-grade GPS		
- <u> </u>		SW INE K CON 22	$\sqrt{\text{Twn}} 35\sqrt{\text{Rng}} 5\omega$		
Byhalia M. City Sta	38611				
City Sta	te Zip Code	Distance Direction 13 14 Miles NW	Nearest Town		
Telephone No. (667) 536-93	81.	1314 Miles NW	01 000000		
relephone No. (See)			1.0		
	Well / Bore				
Date drilling started: 6-9-09 Date dr	illing completed: 69-0	Hole depth: 125	Hole diameter: 6314		
Location of the source of any surface water	er used for drilling: NA	Little Pilita I			
Location of the source of any surface water Method of dosing and volume of Chlorin	e used in drilling and devel	opment: \lambda /+			
Logs run (circle all applicable): No log ru Name of organization running log(s):	R Electric Gamma Ray				
Purpose of borehole (check one): Water W	ellGeotechnical/Geol	ogical Investigation Ground	Source Heat Pump		
Seismic	Survey Other (describe)			
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 Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation					
Static Water Level: feet above of below (circle one) land surface Date measured: Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured: Feet above of below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other: String lucigut					
Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 115 feet Casin	ng diameter:	inches Type of casing:	puc		
Screen length:					
	Screen slot size: O (Oinches Setting depth: From / 1 5feet to / 2feet				
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development		
		μA			
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scre	en, describe on next page		

Top of lap pipe or reduction in casing: _

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

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The sketch b	elow o	nly	required	for	water	wells
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,	£ all	telescope	e chow	donths	on	sketch.
I.	r weii	tetescope	s, snow	uepins	UII	JACICI.

Ground Level

Description of formations encountered must be provided for all	ļ
wells and boreholes, unless specifically exempted by regulation	15

Description of Formations Encountered	From (depth)	Γο (depth)
clay dict	Ground Level	10
(1 1 1 2 2 2	10	75
red sond	35	125
Carrie 3		
	 	
		
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If more than one screen, show location of each on sketch

Of the last and in	alude the following: 1) the u	vell location; 2) any permanent struct	ures on the property that may
Sketch the property layout and in	vell: 3) any roads, power line	es, or other items that may aid in loca	ting the property and the well;
4) a north arrow.	ron, sy any route, promise	,	
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A	6.000.01		
Landowner Name:April	Gregory		
			Form: OLWR-SWR-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

laws.

Joves w. Moson 0-620 3-6-07 Jan V. Moson 10-620

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE WELL REPORT

Part 2

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 #: H 350

Elevation:

Date completed: 6-7-07	(601)	961-5210	Elevation:	
Copy information from block on Part 1	(601)96	1-5228 (fax)	Elevation.	
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 Informat			Location	
Owner Name: April Gregor	•	Latitude: 34-48-610	Longitude: 89,42.745	
Mailing Address: 317 Show	zock loop	Method of Lat/Long (check one		
		USGS quad, Hand-held GPS, Survey-grade GPS		
Byholia MJ City State	38611	5W 1/2 NE 1/2 Sec 22 T 35 R 5W		
City State	Zip Code	Distance Direction	Nearest Town	
Telephone No. <u>663</u> <u>536 - 938</u>	<u> </u>	13/4 Miles ~~ of	us otso ~	
			T	
Pump Type Circle one			ver Type rcle one	
Air Lift Jet (Submersible	Diesel Engine Gasoline	Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		pecify):	
Other (specify):		Horse Power Rating of Motor:	3/4	
Date Pump Installed: 6-9-09		Setting Depth:	<u>O O</u> feet	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: 8		
Pump Test Data		Method of Mea	suring Water Level	
Date Well Tested: 6-9-09			cele one	
	<u> </u>	Air Line Electric Meass	uring Line Steel Tape	
Static Water Level (A): 65 Feet 1		Other (specify): 3tring	luciont	
Pumping Water Level (B): Feet E	Below Land Surface			
Drawdown $[(B) - (A)]$: Feet I	Below Land Surface	For flowing well, measured shu	it in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded/O	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	→ hours	μΔ feet after	hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	WR-SMECOEDSVE

JUL 0 8 2009

BY: OLWR