r	State W	ell Report	For Office Lice Only		
County: MArshall 22%	Part 1		For Office Use Only:		
Permit #:	Mississippi Department Office of Land a	t of Environmental Quality nd Water Resources	Aquifer:		
Driller: Jones Maser	P.O. B	ox 10631	1 1		
Date drilling completed: 8-1-04		S 39289-0631 961-5210	L. S. Elevation:		
	(601)354	4-6938 (fax)	E-log #:		
State Law requires that this rep	ort be prepared by the	driller in detail and filed w	vith the Department within		
30 days of completion of drilling of the well. Well Location Well Owner Information Well Location					
		Latitude: 34 . 47 , 380 " Longitude: 289 . 43, 543"			
Owner Name Jond & Builders Mailing Address: LOT 26 Shady wind cove		Latitude: $34 \cdot 47 \cdot 386$ "Longitude: $89 \cdot 63 \cdot 543$ " $36 \cdot 33$ Method of Lat/Long (circle one): Conventional Survey,			
South creek			d GPS, Survey-grade GPS		
Byhalic N City St			7 Twn 35 Rng 46		
-	ate Zip Code SE Direction Nearest T				
Telephone No. (463) 560- 508	3	<u>3'14</u> Miles <u>E</u>	of watson center		
	Well	Landra			
Purpose of Well (circle one Home In	dustrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: <u>8-1-04</u> Date well drilling completed: <u>8-1-04</u>					
Date well drilling started: Date wen drilling completed:					
In nowing, memory of now regulation.	have or below (circle one)	land surface Date measured	8-1-04		
Static Water Level: <u>63</u> feet above or below (circle one) land surface Date measured: <u>8-1-04</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>String and weight</u>					
Hole depth: <u>95'</u> Well depth: <u>95'</u> Well grouted to a depth of <u>10</u> feet					
Type of grout (circle one): Cement	Bentonite Mix				
Casing length: <u>85'</u> feet Casing diameter: <u>4''</u> inches Type of casing: <u>puc</u>					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: $\rho \circ c$					
Screen slot size: • • • • • • • • inches					
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 back of page					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi					
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
James W Mason	0-670	gans in	of Water Well Contractor		
Print Name of Water Well Contractor an		/ _{Signature}	of Water Well Contractor		
			RECEIVE		

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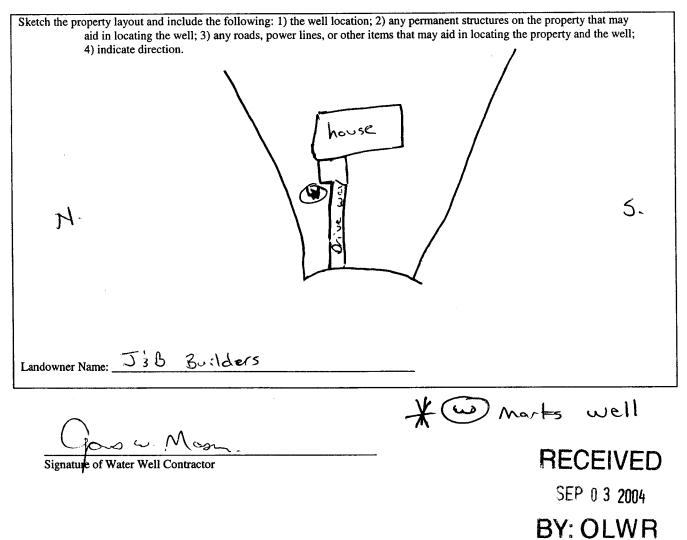
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' If well telescopes please sketch below and show depths.

J-184

Ground Level	Description of Formations Encountered	From	То
	Class dirt	0	25
	Graci	92	78
	while said	25	95
- Z			
			1
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			1
			1
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			1
			+

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



. STATE WELL REPORT						
- An Archall	Pump Installer's	art 2 Completion Report	For Office Use Only:			
County: MArshall	Mississippi Departmen	t of Environmental Quality	Aquifer:			
Permit #:		nd Water Resources lox 10631	Well #: J-184			
Driller: Bill Masco		IS 39289-0631				
Date completed: 8-1-04		961-5210 4-6938 (fax)	Elevation:			
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the						
installation of pump. Well Owner Information			I Location			
		Latituda: N 34°47.380	Longitude: <u>638836.543</u>			
Owner Name: JB Builder	th creet sub.					
Mailing Address:		Method of Lat/Long (circle or	<u> </u>			
Byhotia M	5. Shady wind car		d-held GPS Survey-grade GPS			
Byhalia M	38611	NE 1/ Sw 1/ Sec 2	7_ _{Twn} _35_ _{Rng} 4W			
City Sta	te Zip Code		Nearest Town			
· · · · ·	-					
Telephone No. (463) 560-808	3	<u>3'14</u> Miles <u>E</u>	of welson (Colo			
		l				
Pump Type		Power Type Circle one				
Circle one						
Air Lift Jet	Submersible	Diesel Engine Gasoli				
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO			
	Flowing Well	Windmill Other	(specify):			
Centrifugal Rotary Flowing Well Other (specify): <u>3/4 /p</u> -		Horse Power Rating of Motor:				
		Horse Power Kating of Motor.				
Date Pump Installed:		Setting Depth:				
Rated Pump Capacity:] Ə		Number of Stages:				
Pump Test D	ata		leasuring Water Level Circle one			
Date Well Tested: 8-1.04 -						
			easuring Line Steel Tape			
Static Water Level (A):	Feet Below Land Surface	Other (specify):	ig end weight			
Pumping Water Level (B):	Feet Below Land Surface					
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured	shut in head:feet			
Test Pumping Rate: <u>Alar of</u> (2 Gallons Per Minute		Well yielded	GPM with a drawdown of			
Duration of Pump Test (minimum 4 ho		NIA feet after	hours of pumping			
	······································					
I HEREBY CERTIFY that the above s			1			
Jones W. Mason Distribution of Pump Installer and License No. (if applicable) Signature of Pump Installer						
Print Name of Pump Installer and Lice	ense No. (if applicable)	ISignature of Pump				
			RECEIVED			

SEP 0 3 2004

BY: OLWR