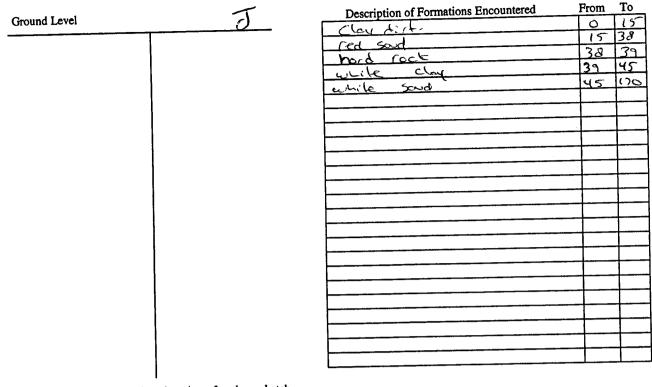
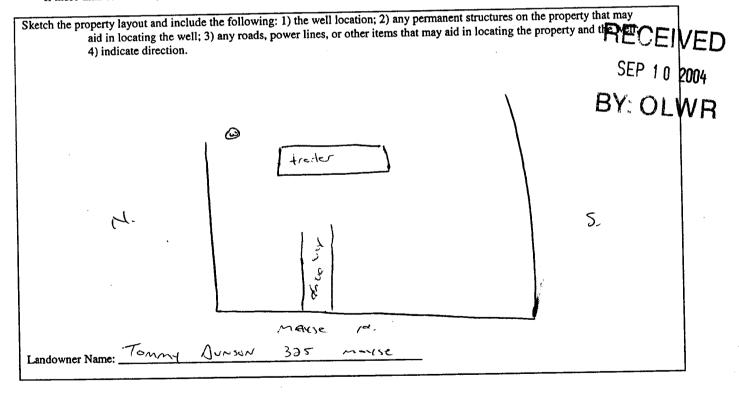
	¬ State Well	Report	For Office Use Only:
100 1 11 193	Part		For Office Use Only:
County: MArshall 093	Mississippi Department of Environmental Quality		Aquifer:
Permit #:	Office of Land and V	Water Resources	Well #: J 188
Driller: Jones W. Mason	P.O. Box		
	Jackson, MS 3		L. S. Elevation:
Date drilling completed: 8-13-04	(601)961-		E-log #:
	(601)354-69		
State Law requires that this re	port be prepared by the dril	ler in detail and filed w	ith the Department within
30 days of completion of drillin	ig of the well.		
Well Owner Inform	nation		I Location
TO		titude. 34 . 50 . 917	_" Longitude: <u>089 37 ,577</u> " 35
Owner Name_Tommy Duns		01	35
Mailing Address: 325 MAYSE	rd. Me	0۱ ethod of Lat/Long (circle o	ne): Conventional Survey,
		USCS and Hand held	GPS, Survey-grade GPS
		USUS quau, manu-nero	2 2 4
Billia M City S	15 38611 N	1/4 5W 1/4 Sec	Twn 35 Rng Tw
City S	State Zip Code	SE	· · · · · · · · · · · · · · · · · · ·
		stance Direction	of <u>victoria</u>
Telephone No. (66) 838 - 32		-(4	
	Well Data	1	
		rigation Fish Culture	Other:
Purpose of Well (circle one Home I		-	
Date well drilling started: 8-13-	O (Date well	drilling completed:	-13-04
Date wen drining startest.			
If flowing, method of flow regulation: N	Valve Other (descr	ribe)	
Static Water Level: <u>95</u> feet	above or below (circle one) land	surface Date measured	8-13-04
			in all wordst
Method of Measurement (circle one)			tring and weight
Hole depth: Well	donth: 170	Well grouted to a depth of	10 feet
Hole depth: wen		Hen Bround to a 1	RECE
Type of grout (circle one): Cement	Bentonite Mix		
	asing diameter: <u> </u>	nobec Type of casing	auc SEP 11
			-F
Screen length: 10 feet S	Screen diameter:	inches Type of screen:	puc BY:0
Coron Iongan		160 6000	170 feet
Screen slot size:OlOinche	es Setting depth: From	teet to	
Type of completion (circle all applicabl	le): Gravel nacked Underrea	med Telescoped Ope	en hole Natural Development
Type of completion (circle an applicable			
	Other (describe):		
Top of lap pipe or reduction in casing:	NA fast If talas	coned or more than one s	creen, describe on back of page
Logs run (circle all applicable); No log	grun Electric Gamma Ray	Density Sonic Neutron	Other:
Logs fun (encie an applicable). Ho log			
Name of organization running log(s): _			a maguinements of the Mississinni
I certify that the well was drilled, cor	nstructed, and completed in acc	ordance with all applicab	le requirements of the Mississippi
	ty and/or the Mississippi Depar	tment of Health regulatio	ns and state laws.
Department of Environmental Qualit			
Department of Environmental Qualit			W. Masn

5-188

If well telescopes please sketch below and show depths.



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



02 Signature of Water Well Contractor

County: <u>MArshall</u> Permit #: Driller: Jones w Mazow Date completed: <u>8-13-04</u>	STATE WELL REPORT Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		For Office Use O	88
This report should be prepared by the installation of pump.				
Well Owner Informa	tion		ll Location	6.00
Owner Name: Tommy Duws	02	Latitude: 34 - 50 - 017	_ Longitude: <u>089 - 37</u>	- 517
Mailing Address: 325 MAYSE 1d.		Method of Lat/Long (circle one): Conventional Survey,		
-		USGS quad, Hand-held GPS, Survey-grade GPS		
Byhalia M5 38611 City State Zip Code		NW 14 5W 14 Sec_	<u>Twn_3s_Rng_</u>	4
			Nearest Town	
Telephone No. (607) 838 - 379	13	<u>3/4 Miles Sw</u>	of <u>victoria</u>	
Pump Type		P	ower Type	
Circle one			Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasol	ine Engine Nati	ural Gas
Bucket Piston	Turbine	Electric Motor Hand	l Trac	ctor PTO
Centrifugal Rotary	Flowing Well	Windmill Othe	r (specify):	
Other (specify):		Horse Power Rating of Mote	pr:3[4	
Date Pump Installed: $3 - 13 - 04$		Setting Depth: 140)feet	IEUEI
Rated Pump Capacity:	Gallons Per Minute	Pump Number of Stages:1		SEP 10
Kalcu Fullip Capacity.				YOU
Pump Test Data	1		Ieasuring Water Level Circle one	
Date Well Tested: 8-13-04				l Tono
Static Water Level (A): $\underline{95}$ Feet Below Land Surface Pumping Water Level (B): $\underline{\nu A}$ Feet Below Land Surface		Air Line Electric M		
		Other (specify):	is ad weigh	1
Drawdown [(B) – (A)]: $\underline{\mathcal{N}}A$ Fe		For flowing well, measured	shut in head:	feet
Test Pumping Rate:()		Well yielded		
		<u>~A</u> feet after		fpumping
Duration of Pump Test (minimum 4 hour	s): $\underline{}$ hours	teet after		Paurburg

I HEREBY CERTIFY that the above statements are true to the best of	Ji my knowledge.		
Jones U. Masen	Gas w Mac		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer		