		For Office Use Only:
County: MArsholl Well Driller Repo		Aquifer:
Permit #: Mississippi Department of County = Mississippi Department of	J Walth Resources	L. S. Elevation:
P.O. Bo	x 10631	
Date drilling completed: 1-08-03 Jackson, 110	39289-0631 51-5210	E-log #:
(601)354-	.6938 (fax)	
State Law requires that this report be prepared by the d	iriller in detail and filed wi	th the Department ment
	Latitude: 34 . 49 . 19	\mathcal{E} "Longitude: \mathcal{R} • 37 · \mathcal{R}
Owner Name Butch Douis	Method of Lat/Long (circle	one): Conventional Survey,
Mailing Address: LOT 19		Survey ande GPS
timber ridge subdivisor	USGS quad Hand-In	h Nearest Town
Bil 1:0 MS 3861	SE " ANE " Sec_ C	<u></u>
Byhalia MS 3861 City State Zip Code	Distance Direction	n Nearest Town
Telephone No. (901) 489 - 4694	Ja Miles	
Telephone No. (Data	
D. LU:- Cum	ly Irrigation Fish Cul	ture Other:
Purpose of Well (circle one) Flome Industrial Public Supp	iy into	1-38-05
[- 38 - 05 0	ate wen drifting	
Date well drilling started: Oth If flowing, method of flow regulation: Valve Oth	er (describe)	
If flowing, method of flow regulation: Valve <u>NA</u> Oth Static Water Level: <u>80</u> feet above or below circle of	one) land surface Date me	easured: [-38-05]
Static Water Level: 80 feet above of octometere	air line othe	string/weight
Method of Measurement (circle one) steel tape electric Hole depth: 130 Well depth: 130	tape all line	th of 10 feet
Well depth: 130	Well grouted to a de	
Hole depth:	Mix	
Type of grout (circle one): Cement Bentonite		casing: <u>PUC</u>
Casing length: 120 teet Casing diameter: 4	inches Type of	
1 Normatori	inches Type of	screen: <u>puc</u>
Screen length:	From 120 feet	10 <u>130</u> feet
Screen slot size:inches Setting depth: F	Telescone	d Open hole Natural Developme
Screen slot size: <u>.C(O</u> inches Setting depined Type of completion (circle all applicable): Gravel packed	Underreamed	
Other (describe):		it is a back of p
منر A _fee	t. If telescoped or more th	an one screen, describe on back of p
Top of lap pipe or reduction in casing: fee Logs run (circle all applicable) No log run Electric Gamm	Density Sonic	Neutron Other:
No log run Electric Gam	ma Kay Density Bonne	
Logs run (circle all application) (retegration) Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance the Mississippi Department of Health rep	it all applicable requireme	ents of the Mississippi Department of
Name of organization running to story	ance with an apprecision of a state laws.	
I certify that the well was drilled, constructed, and completed in accord Environmental Quality and/or the Mississippi Department of Health rep	·	A
	(Pray	w.Mon
Jones W. Moson- 0-620)	nature of Water Well Contractor
Discussion of Water Well Contractor and License No.		
If well telescopes please sketch below and show depths.		RECEIVED
		FEB 2.8 2005
		BY: OLW B

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If well telescopes please sketch below and show depths.

	Description of Formations Encountered	FIUM	<u> </u>
Ground Level J- 199	- Clay dirt	0	15
	while Soud	15	60
	while clay	60	03
	while city	80	130
	while sand		
			I
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they location of each on s	sketch		
If more than one screen, show location of each on s	1	w that may	

To

From

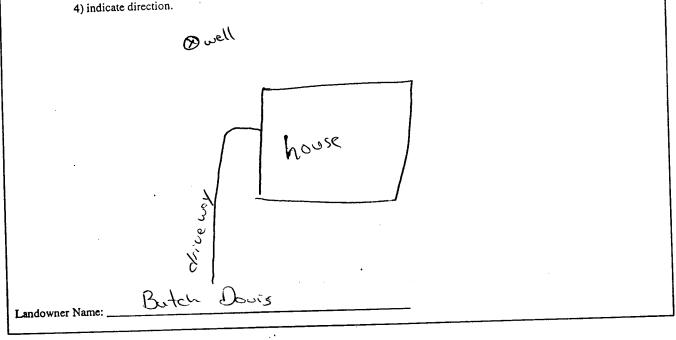
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BY: OLWR

------ Racountered

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;



w: Nloso مع

Signature of Water Well Contractor

	STATE WE	LL REPORT	
·	Pa	rt 2	For Office Use Only:
alleshall	Pump Installer's	Completion Report	Aquifer:
County: MArshall	Mississippi Department of Environmental Quality Office of Land and Water Resources		
Permit #:	P.O. Bo	ox 10631	Well #: J-199
Driller: Jones W. Mescu	Jackson, MS 39289-0631 (601)961-5210		Elevation:
Date completed: $1 - \partial \delta^2 - O5$	(601)354	-6938 (fax)	Elevation:
		and filed with the Departu	nent within 30 days of the
This report should be prepared by the			Yell Location
installation of pump. Well Owner Informa	tion		
Dwner Name: Butch Dovis			8 Longitude: <u>89 - 37 - 237</u>
Owner Name: Deren 1900		Mathed of Lat/Long (circle	one): Conventional Survey,
Mailing Address: LOT 19-		Method of Las Long (and-held GPS, Survey-grade GPS
Mailing Address: <u>timber ride</u> <u>Byhalia MS</u> City State	e subdivisor	USGS quad, (H	and-new or g, our cy barres
211 105	38611	5E 1/ NE 1/4 Sec_	<u> 21 Twn 35 Rng 4w</u>
State State	Zip Code	Directio	n Nearest Town
		Distance S	of victoria
Telephone No. (901) 489 - 46	94	Miles	01
Telephone No. ()		<u> </u>	
Ритр Туре			Power Type Circle one
Circle one			
	Submersible	Diesel Engine Ga	isoline Englie
Air Lift Jet	C _	Electric Motor H	and Tractor PTO
Bucket Piston	Turbine		when (specify):
Peren/	Flowing Well	Windmill O	other (specify): 3/4
Centrifugat			
Other (specify): / - 38 -			110 feet
Date Pump Installed: 1 - 38 -	0)	Setting Deptn:	
Date Pump Instance.	Gallons Per Minute	Number of Stages:	
Rated Pump Capacity:	Gallous r er Winder		
		Method	of Measuring Water Level
Pump Test D	ata	11201200	Circle one
Date Well Tested:		Electri	ic Measuring Line Steel Tape
Date Well Tested:		Air Line Electri	
Static Water Level (A): 80	Feet Below Land Surface	Other (specify): 5+	ring I weight
Pumping Water Level (B): <u>NA</u>	Feet Below Land Surface		
Pumping water Level (B).	m . D. Law I and Surface	For flowing well, meas	ured shut in head:feet
Drawdown [(B) – (A)]: <u>NA</u>	Feet Below Land Surface	1	GPM with a drawdown of
a Running Pater (2	Gallons Per Minute	Well yielded	24
Test rumping Rate.	JY hours	NAfeet	after hours of pumping
Duration of Pump Test (minimum 4 h	ours):iours		
		est of my knowledge.	
·		Car of my who who are	<u> </u>
I HEREBY CERTIFY that the above	statements are true to the o		N = N = -
I HEREBY CERTIFY that the above		- acc	Pump Installer
I HEREBY CERTIFY that the above <u>Soves</u> <u>Wosco</u> Print Name of Pump Installer and Lice		- acc	Pump Installer

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