Not Well Driller	Report and Well Log	For Office Use Only:
County:		Aquifer:
	ment of Environmental Quality and and Water Resources	Well #: J- 201
Driller: Jones 63-74/630	.O. Box 10631	L. S. Elevation:
	on, MS 39289-0631 601)961-5210	E-log #:
11 + 12 005 ZZC (60)	1)354-6938 (fax)	
Mason Water Wills, ZZC (60) State Law requires that this report be prepared by	the driller in detail and filed wi	th the Department within
State Law requires that this report be prepared by 30 days of completion of drilling of the well.	We dimer in a	Il Location
Well Owner Information		
Owner Name Freddie Floyd.	Latitude: 34 • 49 15	<u>Ke</u> " Longitude: <u>89 • 38 ° 494</u> " 80 30
Mailing Address: 557 bennet erli	Method of Lat/Long (circle	ි one): Conventional Survey,
Mailing Address.	USGS quad. Hand-he	ld GPS, Survey-grade GPS
P. 1 1 200 38611	NE 1/2 500 1/2 Sec 1	7. Twn 35 Rng 4w
Byhalia Ms 38611 City State Zip Cod	le SW SE Direction	Nearest Town
City	Distance Direction 3/12 Miles 5\omega	of worsow
Telephone No. (901) 338-0019		*
	Well Data	0.1
Purpose of Well (circle one) Home Industrial Public	Supply Irrigation Fish Cult	ure Other:
Purpose of Well (circle one) motion Date well drilling started: 3-7-05	Date well drilling completed: _	3-7-05
Date well drilling started:	Other (describe):	
If flowing, method of flow regulation: Valve $\nearrow A$	Other (describe)	sured: 3~1)-05
If flowing, method of flow regulation: Valve	rele one) land surface Date mea	Li luveislati
1	ACTURE INTO	
Method of Measurement (circle one) steel tape Hole depth: 140 Well depth: 140	Well grouted to a dep	th offeet
Type of grout (circle one): Cement Bentonite	Mix	0.10
130 Garage Casing diameter:	inches Type of ca	sing: puc
Cashing the Sersen diameter:	inches Type of sc	reen: DUC
Screen length: Screen Screen Screen	h: From130feet to	140feet
Screen slot size: Olo inches Setting dept	h: From	Open hole Natural Developmen
Type of completion (circle all applicable): Gravel packet	Underreamed Telescoped	Open note 1 taran -
Other (descri	be):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than	one screen, describe on back of pag
Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log run Electric G	Roy Density Sonic No	utron Other:
Logs run (circle all applicable). No log run Electric G	amma Kay Density Some 115	
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in acc	ordance with all applicable requirements	of the Mississippi Department of
I certify that the well was drilled, constructed, and completed in Environmental Quality and/or the Mississippi Department of Health	h regulations and state laws.	
Environmental Quanty and		\mathcal{M}
Tongs 43 Mason 0-630	Jero a	ure of Water Well Contractor
Jones w. Mason 0-620	Signate	ure of Water Well Contractor

Print Name of Water Well Contractor and License No.

If well telescopes please sketch below and show depths.

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MAR 3 1 2005 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level	J- 201	

Francione Encountered	From	To
Description of Formations Encountered	0	10
clay dirt	(0)	15
red Sane	15	60
while soud	GO	80
white clay	80	90
white soud white class	90	115
white clark	115	140
while said		
		1
		+1
		+

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

If more than one screen, show to the property that may		1
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 property and the well aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well	i;	
Sketch the property layout and include the well. 3) any roads, power lines, or other items that may all in localing		1
		1
4) indicate direction.		١
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Bennet circle		
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Foddic Floyd		
Landowner Name: Freddic Floyd		

Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report County: Marshall Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Permit #: P.O. Box 10631 Driller: Jenes Jackson, MS 39289-0631 Date completed: 3-12-05 (601)961-5210 (601)354-6938 (fax) 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 Location Well Owner Information Latitude: 34, 49, 126 Longitude: 89, 38, 494 Floyd Freddie Owner Name:_ Method of LavLong (circle one): Conventional Survey, Mailing Address:_ USGS quad, Wand-held GBS, Survey-grade GPS NE 1/5W 1/ Sec 17 Twn 35 38611 · Nearest Town Direction Distance 21/2 Miles Sw or worsow 338-0019 Telephone No. (90) Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): _ Windmill Flowing Well Rotary Centrifugal 314 Horse Power Rating of Motor: Other (specify): __ 100' Setting Depth: _ 3-12-05 Date Pump Installed: __ Number of Stages: _ 19 Gallons Per Minute Rated Pump Capacity: __ Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 3-13-05 Steel Tape Electric Measuring Line Air Linc Static Water Level (A): ______ Feet Below Land Surface string Other (specify): __ Pumping Water Level (B): _____ Feet Below Land Surface

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Mason
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Well yielded

Feet Below Land Surface

Gallons Per Minute

Duration of Pump Test (minimum 4 hours): __

Test Pumping Rate: _

12

For flowing well, measured shut in head: ___

feet after

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GPM with a drawdown of

__hours of pumping

MAR 3 1 2005

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