STATE WELL REPORT

Part 2 County: MAShall Pump Installer's Completion Report Mississippi Department of Environmental Quality Permit #:

For	Office Use Only:
Aquifer:	
Well #:	J-208
Elevation:	

Driller: Joses W. Mosa.		and Water Resources				
		Box 10631 AS 39289-0631	Well #:			
Date completed: 6-9-05		961-5210				
Copy information from block on Part 1		4-6938 (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 file		t the above address within 30 day				
Well Owner Informat		∞∞	Location 33			
Owner Name: J-B Builder	5	Latitude: 34 . 47 -367	Longitude: 89 , 36 , 554			
Mailing Address: COT 27 South	n creek sub.	Method of Lat/Long (check one	e): Conventional Survey,			
Shocky wind	Cove		GPS , Survey-grade GPS			
Byholia Ms City State	38611 Zin Code	5E 1/4 Sw 1/4 Sec 27	7 T 3s R 4w			
		Distance Direction	Nearest Town			
Telephone No. (401) 560-8083	3	31/4 Miles E of wotson center				
Pump Type Circle one			er Type cle one			
Air Lift Jet	Submersible	Diesel Engine Gasoline	Engine Natural Gas			
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):			
Other (specify):	<u></u>	Horse Power Rating of Motor:	314			
Date Pump Installed: 6-9-05		Setting Depth:	feet			
Rated Pump Capacity: (2	Gallons Per Minute	Number of Stages:				
Pump Test Data		Method of Mea	suring Water Level			
Date Well Tested: 6-9-05			cle one			
Static Water Level (A): 50 Feet	Relow Land Surface	Air Line Electric Meass	uring Line Steel Tape			
		Other (specify): 5tring	I weight			
	Below Land Surface	1124777	121 11 21			
	Below Land Surface	For flowing well, measured shu	t in head:feet			
Test Pumping Rate: (2	Gallons Per Minute	Well yielded l Ə	GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	34 hours	feet after	74 hours of pumping			
		L				
I HEREBY CERTIFY that the above statem	ents are true to the best o	f my knowledge.				
Jores w. Mason.						
Print Name of Pump Installer and License N	(if applicable)	Signature of Pump Inst	raller			
	o. (ii applicable)	, Signature of Fump mst	Form: OLWR-SWR-1B			

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The sketch below only required for water wells

If	well	tel	esco	pes,	si	iow	d	epti	rs	on	s	cet	cl	ı
	Gr	Ollt	nd Le	vel										Ī

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

Description of Formations Encountered	From (depth)	To (depth)
Clay diet.	Ground Level	15
Fed Sand	15	99
white Soud	22	45
white clay	45	51
while soud	51	105

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

Sketch the property layout and include the following: aid in locating the well; 3) any roads, po 4) a north arrow.	1) the well location ower lines, or other	n; 2) any permanent structures items that may aid in locating	on the property that may the property and the well;
	٢		
w wind core			
Shoot wind core of	8		E
	X/CV	ouse	
	8		
	went	•	
	<		
Landowner Name: J-B- Builders	5		

Form: OLWR-SWR-1A

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.

Print Name of Responsible Licensee and License No.

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State Well Report								
	The state of the s	For Office Use Only:						
County: Mashall	Part 1 – D							
Permit #:	Mississippi Departmen	Aquifer:						
Permit #:	Office of Land a	Well #: J-208						
Driller: Jones w. Mosen		Box 10631						
(-2.0=		IS 39289-0631	L. S. Elevation:					
Date drilling completed: 6-9-05	,	961-5210	- 1. "					
	[601)354	4-6938 (fax)	E-log #:					
	State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.							
	Information on Well Owner Well or Bo							
(Landowner if borehole is not j	for a water well)	311 - 112 .263						
Owner Name J-B- Builde		Latitude: 39 ° 97 '36 7	" Longitude: 89 • 36 , 554,"					
		Method of Lat/Long (circle or	ne): Conventional Survey,					
Mailing Address: Lot 27 500		USGS quad, Hand-held	d GPS, Survey-grade GPS					
Shady wind	Love		Twn 3s Rng 4w					
Byholia M	38611	JC 1/4 JW 1/4 Sec 0 /	Iwn_33 Rng · R					
City	ate Zip Code	Distance Direction	Nearest Town					
301 610 800	Stady wind work Byholia Ms 38611 City State Zip Code Telephone No. (704) 560-8083 SE 1/4 Sw 1/4 Sec 27 Twn 35 Rr Distance Direction Nearest Town 31/4 Miles E of wotson Cer							
Telephone No. (100) 500 - 80	8 9	3 + 3 - 4 + 4						
	Well / Bore	hole Data						
Date drilling started: 6-9-05 Date d	rilling completed:	Hole depth:	Hole diameter: 6 3 (4					
Location of the source of any surface wa Method of dosing and volume of Chlorid	ter used for drilling: ne used in drilling and devel	opment:						
Logs run (circle all applicable): Name of organization running log(s):	un Electric Gamma Ray	Density Sonic Neutron	Other:					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump								
Seismic	SurveyOther (describe)						
If drilling is not relate	d to water well construction)	ock					
Purpose of Well (check one): Home / Industrial Public Supply Irrigation Fish Culture Other:								
If a flowing well, method of flow regulation: Valve Other (describe)								
Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-9-05								
Method of Measurement (circle one) steel tape electric tape air line other: 5tring weight								
Well depth: 105 Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix								
Casing length: 95 feet Casing diameter: 4 inches Type of casing: pcc								
Screen length: 10 feet Screen diameter: 4 inches Type of screen: puc								
Screen slot size:								

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

Other (describe):

NA

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

Natural Development

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