	State Well Report	· · · · · · · · · · · · · · · · · · ·
County: Macshall	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: J-210
Driller: Tues words	P.O. Box 10631	Well #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 7-12-05	(601)961-5210	2. 5. 2.6.4
· -	(601)354-6938 (fax)	E-log #:
State Law requires that this repo	- ort be prepared by the license holder responsible for a	the work and filed with the

Department at the above address within 30 days of completion of drilling of the well or borehole. Well or Borehole Location Information on Well Owner (Landowner if borehole is not for a water well) Latitude: 34 . 50 . 598, Longitude: 89 . 35 . 576. Owner Name low Wack Method of Lat/Long (circle one): Conventional Survey Mailing Address: 177 USGS quad, (Hand-held GPS, Survey-grade GPS Telephone No. (662) 342-9141 Well / Borehole Data Date drilling started: 7-12-05 Date drilling completed: 7-12-05 Hole depth: 170 Hole diameter: 8''Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development: Logs run (circle all applicable): (No log run, Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey___ Other (describe)_ If drilling is not related to water well construction, skip the remainder of this block Purpose of Well (check one): Home / Industrial _ Public Supply__ Irrigation__ Fish Culture __ Other: ____ If a flowing well, method of flow regulation: Valve \wedge^{\triangle} Other (describe) Static Water Level: 135 feet above of below (circle one) land surface Date measured: 7-12-05 Method of Measurement (circle one) steel tape air line electric tape Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Casing length: 160 feet Casing diameter: _____ inches Type of casing: Screen diameter: 4 inches Screen length: 10 feet Setting depth: From 160 feet to 170 Screen slot size: 2008 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe):

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

feet. If telescoped or more than one screen, describe on next page

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The sketch	helow	only	required	for	water	wells
ine sketch	OCTON	Unity	requireu	<u>, v. </u>	mulci	77 C843

If well telescopes, show depths on sketch.

Ground Level-

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 dirt	Ground Level	30
red soud	3 ℃	50
while soud	50	136
while clay	130	135
white sand	135	961
	i e	
		1
	 	
	<u> </u>	
	 	
		
		l

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

Sketch the property layout and in aid in locating the	nclude the following: 1) the well well; 3) any roads, power lines,	l location; 2) any perma or other items that may	nent structures on the property aid in locating the property and	that may d the well;
4) a north arrow.	drive way	رم		E
Landowner Name: Tom	Wack	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

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STATE WELL REPORT

Part 2

County: Marshall

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

For Office Use Only:				
Aquifer:				
Well #: J- 210				
Elevation:				

Permit #:		nd Water Decourses	Aquiter:	
Driller: Jones w. Magn	Office of Land and Water Resources P.O. Box 10631			0
Date completed: 7-12-05	Jackson, M	S 39289-0631	Well #:	210
Date completed: / (3703	(601)961-5210		Elevation:	
Copy information from block on Part 1	(601)354-6938 (fax)			
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 filed with the Department at the above address within 30 days of well completion.				of Part 1 of the letion.
Well Owner Informat		,	Well Location	
Owner Name: Ton Wack.	<u> </u>	Latitude: 34.50, 5°	18 Longitude: 89	1.35.516
Mailing Address: 177 Skot	hing link	Method of Lat/Long (check		
		USGS quad, Hand-h	eld GPS <u>(</u> , Surve	y-grade GPS
Byholia MS City State	38611	NE 1/2 NW 1/2 Sec_	11 T 35 R	<u>4</u> w
City	Zip code	Distance Direction Nearest Town		
Telephone No. (6C2) 342 - 9141		11/2 Miles SE	of victo	<u>ria</u>
Pump Type Circle one			Power Type Circle one	
Circle one			Choic one	
Air Lift Jet (Submersible		soline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor Ha	nd	Tractor PTO
Centrifugal Rotary	Flowing Well		her (specify):	
Other (specify):		Horse Power Rating of Mo		
Date Pump Installed: 7-13-05-		Setting Depth:		
Rated Pump Capacity:	Number of Stages:		_	
Pump Test Data Method of Measuring Water Level			Level	
_			Circle one	
Date Well Tested: 7-12-05		Air Line Electric	Measuring Line	Steel Tape
Static Water Level (A): 135 Feet Below Land Surface		1	,	-
Pumping Water Level (B): ^ A Feet Below Land Surface		Other (specify): 5trin	y loveight	
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measure	ed shut in head:	№Æfeet
Test Pumping Rate: Gallons Per Minute		Well yielded	GPM with a	irawdown of
Duration of Pump Test (minimum 4 hours)	feet aft	er <u> </u>	ours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
T M				
Joses U. Mesa.				

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
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