Stata W	All Depart		
	/ell Report For Office Use Only: Driller's Log For Office Use Only:		
	It of Environmental Quality Aquifer:		
	and Water Resources Well #: 1-213		
	50X 10031		
Jackson, N	4S 39289-0631 L. S. Elevation:		
	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 Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: $34 \cdot 49$ Longitude: $89 \cdot 37$, 31 Method of Lat/Long (circle one): Conventional Survey, 31		
Owner Name Butch Dowis	Latitude: $39 \circ 17$ 20 Longitude: $01 \circ 57$ 2		
Owner Name_OBICCV DESIS	Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: LOT 10	USGS quad, Hand-held GPS, Survey-grade GPS		
Timber ridge Subdivison Byholis Ms 3861 City State Zip Code			
Billi Day 3861	<u>Swike</u> '' Sec <u>Twn 35</u> Rng Yw Distance Direction Nearest Town		
City State Zip Code	Distance Direction Nearest Town		
	<u>J'14 Miles</u> <u>S</u> of <u>victorie</u>		
Telephone No. (%) 363-14(1			
Well / Borehole Data			
Date drilling started: $\underline{\delta}$ -4-05 Date drilling completed: $\underline{\delta}$ -4-05 Hole depth: 170 Hole diameter: $\underline{\delta}$ '			
Location of the source of any surface water used for drilling:へみ			
Logs run (circle all applicable) No log run 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 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 Other (describe)			
Static Water Level: 105 feet above of below (circle one) land surface Date measured: 6-10-05			
Method of Measurement (circle one) steel tape electric tape air line other: String Ineight			
Well depth: 1% Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length:			

Form: OLWR-SWR-1A

10 feet

Screen slot size: <u>OIO</u> inches

Top of lap pipe or reduction in casing: _

Screen length: ____

Screen diameter:

MA.

Ч

Setting depth: From ____

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

Other (describe): ____

inches

100

Type of screen: ______

feet to

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

170

feet

Natural Development

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To (depth)

15

60

61

90

<u>9</u>1

140

142

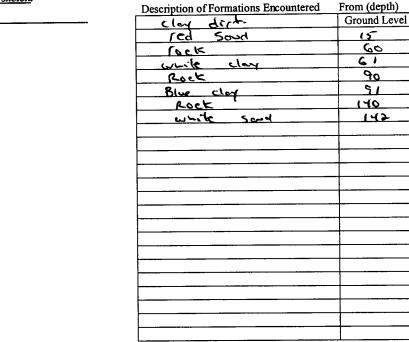
170

Description of formations encountered must be provided for all

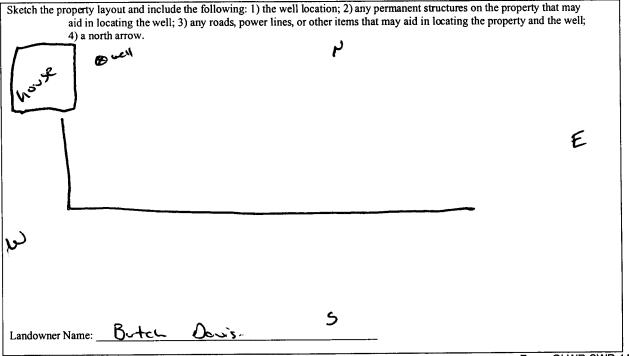
wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level



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



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

Date

laws. 8-31-05 farour Mo Mason 0-620 Jones **L**

Print Name of Responsible Licensee and License No.

Signature of Licensee

STATE WELL REPORT					
County: MArshall	Part 2		For Office Use Only:		
Permit #: M	Pump Installer's Completion Report Mississippi Department of Environmental Quality		Aquifer:		
Driller: Jones w Mason	Office of Land and Water Resources				
Date completed: 8-10-05	P.O. Box 10631 Jackson, MS 39289-0631		Well #: JQIZ		
	(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.				
Well Owner Information					
Owner Name: Butch Douis	Latitude: 34, 49, 209		Longitude: 89.37. 517		
Mailing Address: LOT 10			,		
Timber ridge s.			GPS <u>,</u> Survey-grade GPS		
<u>B. Malia M3</u> City State	38611 5~ 1/ NE 1/ Sec 21		<u>T 3s R 4ω</u>		
City State	Zip Code	Distance Direction	Nearest Town		
Telephone No. (901) 262- 1141		2.14 Miles 5 of	victoria		
Pump Type		Poy	ver Type		
Circle one		Circle one			
Air Lift Jet Su	bmersible	Diesel Engine Gasoline	e Engine Natural Gas		
Bucket Piston Tu	rbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary Flo	owing Well		specify):		
Other (specify):	Horse Power Rating of Motor: 314		314		
Date Pump Installed: 8-10-05		Setting Depth: 140	feet		
Rated Pump Capacity:Gal	lons Per Minute	Number of Stages:			
Pump Test Data		Method of Mea	asuring Water Level		
Date Well Tested: 8-10-05			rcle one		
		Air Line Electric Meas	suring Line Steel Tape		
	ow Land Surface	Other (specify): String	Imerght		
	ow Land Surface				
Drawdown $[(B) - (A)]$: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ow Land Surface	For flowing well, measured sh			
	llons Per Minute	Well yielded 2	-		
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping		

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I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.
Jores W. Mason.	Gaus w, Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OI WR-SWR-1B

Form: OLWR-SWR-1B

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