	State We	ell Report	For Office Use Only:	
00 11	Part 1 - D i	riller's Log		
County: Morshall	Mississippi Department	of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources		Aquifer:	
Permit #:	P.O. Box 10631		ì	
Driller: Joses W. Moson.	Jackson, M	S 39289-0631	L. S. Elevation:	
	(601)9	61-5210		
Date drilling completed: 11-10-06	(601)354	-6938 (fax)	E-log #:	
State Law requires that this repo Department at the above addres	rt be prepared by the lice s within 30 days of comp	usa halder resnonsible for	the work and filed with the lor borehole.	
Information on Well	Owner			
(Landowner if borehole is not	for a water well)	1 atimula: 34 . 49 , 29	4" Longitude: 89 • 38 · 50.3"	
		Latitude	30	
Owner Name Shawn Tart	-2164	Method of Lat/Long (circle	one): Conventional Survey,	
Mailing Address: 703 Bevi	att ed	·		
Mailing Address:	<u> </u>	USGS quad (Hand-hel	d GPS, Survey-grade GPS	
		SK . NF . 0. 18	17 Twn Rng 4w	
2	20611	7 /4 Sec_10	TT TWII	
Byholia	AS 38611 tate Zip Code	NW 55 Direction	Nearest Town of worsow	
City	tate Zip Code	Miles 55	of worsow	
140 700 08	m		_	
Telephone No. (662) 796 - 08				
	Well / Bor	ehole Data		
Date drilling started: 11-10-06 Date	110	W 130'	Hole diameter: 63/4	
Date drilling started: 11-10-06 Date	drilling completed: 11-10	Hole depth:	Titole diameters	
Location of the source of any surface w Method of dosing and volume of Chlo	rater used for drilling and devi	elopment: Auf		
Method of dosing and volume of Chio	inie uscu in arming and av			
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): Wate	r Well_Geotechnical/Geo	ological Investigation Gro	und Source Heat Pump	
Seismic Survey Other (aescribe) 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: 54 feet above of below circle one) land surface Date measured: 11-13-06				
Method of Measurement (circle one) steel tape electric tape air line other: String weight				
Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 130 feet	Casing length: 100 feet Casing diameter: Y inches Type of casing: DC			
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 120				
Screen slot size: 010 inches Setting depth: From 120 feet to 130 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
	Other (describe):	~A		

Top of lap pipe or reduction in casing:

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

DEC 0 4 2006

BY: OLWF

The sketch	below	only	required	for	water	wells

lf well telescopes,	show	depths	on	sketch.
Ground Level		7		

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

Description of Formations Encountered	From (depth)	o (depth)
clay dirt	Ground Level	15
red soud	15	25
outlife Sound	32	20
white Clay	50	60
white soud	60	130
	† · · · · · · · · · · · · · · · · · · ·	

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

aid in lo	yout and include the following: 1) the wel cating the well; 3) any roads, power lines, h arrow.	l location; 2) any permanent structures on the or other items that may aid in locating the pro	property that may perty and the well;
5	hone		~
	an all y	- well	
Landowner Name:	Shown Tonksle	<u> </u>	Form: OLWR-SWR-1

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

Jaws. Jones W. Meson 0-630	11-28-06	G. J. M. RECEIVED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee DEC 0 4 2006

BY: OLWA

STATE WELL REPORT				
County: Morshall	Part 2 For Office Use Only:			
	Pump Installer's Completion Report			
	Office of Land and Water Resources			
Driller: Jones w. Moson	P.O. Box 10631 Jackson, MS 39289-0631 Well #: J -243			
Date completed: 11-13-06	(601)961-5210			
Copy information from block on Part 1	(601)354-6938 (fax) Elevation:			
This part of the report must be completed by a lice report must be attached and both parts filed with t	nsed water well contractor or a licensed pump installer. A copy of Part 1 of the he Department at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Shown Tonksley	Latitude: 34.49, 394 Longitude: 89.38-503 Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 703 Bennett	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS 🗸, Survey-grade GPS			
Rubalia Ms 3	8611 SE "NE " Sec 18 T 35 R 4W			
Byholia MS 30 City State 2	ip Code			
	Distance Direction Nearest Town			
Telephone No. (662) 796 - 0850	3 Miles SE of warsow			
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Jet Subme	rsible Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbin	e Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowin	g Well Windmill Other (specify):			
Other (specify):	, in the state of			
Date Pump Installed: 11 ~ (3 - 66				
Rated Pump Capacity: Gallons	Per Minute Number of Stages:			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 11-13-06				
Static Water Level (A): 54 Feet Below I	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B):Feet Below L	Other (specify): String (weight and Surface			
Drawdown [(B) – (A)]:Peet Below I	and Surface For flowing well, measured shut in head:feet			
Test Pumping Rate: Gallons	Per Minute Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	hours feet after 24 hours of pumping			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Jones W Mason 0-620 Gran Man RECEIVE				
Print Name of Pump Installer and License No. (if ap	plicable) Signature of Pump Installer			
	Forn DECWA-4WWATE			

BY: OLWR