	State Well Report $\qquad \qquad                                 $	n off H. O.b.	
County: Marshall	art 1 - Driller's Log	For Office Use Only:	
Mississippi I	9	Aquifer:	
	of Land and Water Resources	Well #: J- 250	
Driller: Janes W. Maxi	P.O. Box 10631		
	fackson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 5-11-07	(601)961-5210		
	(601)354-6938 (fax)	E-log #:	
State Law requires that this report be prepared Department at the above address within 30 da	ys of completion of drilling of the well o	or borehole.	
Information on Well Owner		ehole Location	
(Landowner if borehole is not for a water well)	122, 521	1	
Owner Name Oebie Cowie	Latitude: 0 1 - 3 7 - 0 37	Conventional Survey,	
	Method of Lat/Long (circle one	e): Conventional Survey,	
Mailing Address: 34 cory cove.		_	
- · · · <del></del>	USGS quad, Hand-held C		
	5E 1/2 NW 1/2 Sec 16	Tun 35 Pm His	
Byholia Ms 3861 City State Zip C	1   SW NE   Sec 10	_ IWII _ J KIII I I	
City State Zip C	ode Distance Direction	Nearest Town	
	118 Miles 5 W o	r <u>victoria</u>	
Telephone No. (463) 838 - 2180	-		
	Well / Borehole Data		
		6.24	
Date drilling started: 5-11-67 Date drilling complete	d: 5-11-07 Hole depth: 137	Hole diameter: 63/4	
I assting of the source of any surface water year for drill			
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 C	amma Ray Density Sonic Neutron C	Other:	
Name of organization running log(s):	Name of organization running log(s):		
Purpose of borehole (check one): Water Well Geotec	hnical/Geological Investigation Ground	Source Heat Pump	
Seismic SurveyOth	er (describe)	ck	
If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 85 feet above or below circle one) land surface Date measured: 5-14-07			
Method of Measurement (circle one) steel tape	•		
Well depth: 137 Well grouted to a depth of 10 fe			
Casing length: 127 feet Casing diameter: _			
Screen length: 15 feet Screen diameter:		•	
Screen slot size: , O (O inches Setting depth: From 137 feet to 137 feet			
Type of completion (circle all applicable): Gravel pack	d Underreamed Telescoped Open l	hole Natural Development	

Other (describe):

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

Top of lap pipe or reduction in casing: \_

Form: OKWR SWR-IN ED

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The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
If well telescopes, show depths on sketch.  Ground Level	Description of Formations Encountered	From (depth)	To (depth	
	clay dict.	Ground Level	20	
	(Ed Soud	90	45	
	white clay	45	85	
		0.5	1 2-	

Description of Formations Encountered	7.0111 (GCPVII)	( ( 0 0   0 1 1 )
clay dict.	Ground Level	<i>∂</i> 0
(Ed Soud	90	५५-
white clay white soud hard Rock	45	45
while soud	R5	137
based Back	137	-
710771		
	1	
		<del> </del>
	1.	

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

aid in locating the we	ude the following: 1) the well location; 2) any permanent stru ll; 3) any roads, power lines, or other items that may aid in lo	
4) a north arrow.	¢.	
<b>∨</b>	house	7
	15	
Landowner Name: Debie	Comic	

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.

Jones	W. Mason	0-620	6-7-07	9
Print Name	of Responsible Licen	see and License No.	Date	<i>V</i> 5

Signature of Licensee

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## STATE WELL REPORT Part 2 County: Marshall For Office Use Only: **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Driller: Jones W. Mosen P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 5 - 14-07 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 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 Location **Well Owner Information** Latitude: 89.30.531 Longitude: 34.49.545 Debic Owner Name: Method of Lat/Long (check one): Conventional Survey\_ Mailing Address:\_\_\_ USGS quad , Hand-held GPS , Survey-grade GPS SE 1/20 1/ Sec 16 T 35 R 4w Distance Direction Nearest Town 1'18 Miles Su of Victoria Telephone No. (662) 838- \$ 2180 Power Type **Pump Type** Circle one Circle one Gasoline Engine Natural Gas Submersible Air Lift Jet Diesel Engine Tractor PTO Bucket Piston Turbine Electric Motor Hand Flowing Well Windmill Other (specify): \_\_\_ Centrifugal Rotary Horse Power Rating of Motor: 3/4 Other (specify): 120' Date Pump Installed: 5-14-07 Setting Depth: 12 Number of Stages: Rated Pump Capacity: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 5-14-07 Electric Measuring Line Air Line Static Water Level (A): 8 Feet Below Land Surface Other (specify): String (weight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: For flowing well, measured shut in head: \_\_\_\_\_\_feet Feet Below Land Surface しみ Test Pumping Rate: \_ l 2 Well yielded GPM with a drawdown of Gallons Per Minute A hours of pumping MA feet after Duration of Pump Test (minimum 4 hours):

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

James w. Moson

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

Form: OLWP SWR 15

Signature of Pump Installer

JUN 11 2007