	State Well Report	F 05 H 01			
County: Morshall	Part 1 – <b>Driller's Log</b>	For Office Use Only:			
Permit #:	Mississippi Department of Environmental Quality	Aquifer:			
	Office of Land and Water Resources P.O. Box 10631	well #: 5-273			
Driller: Jose; W. Maran.	Jackson, MS 39289-0631	L. S. Elevation:			
Date drilling completed: 13-8-07	(601)961-5210	1			
	(601)354-6938 (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 (	Well or Re	probole I continu			
(Landowner if borehole is not fo	or a water well)	1" Langitude: 29 040, 007"			
Owner Name +inis Clarton	J	1" Longitude: 89 ° 40 ' 987 "			
Mailing Address: 197 Sondo	Method of Lat/Long (circle or	ne): Conventional Survey,			
		GPS. Survey-grade GPS			
Bulalia	5 38611 5N Sec (d)	Twn 35 Rng 4w			
Byhalia N City Sta	te Zip Code Distance Direction	Nearest Town			
Telephone No. (66) 838-7115		of worsow			
	Well / Borehole Data				
D. 198		6.34			
Date drilling started: [2-23] Date dr.	illing completed: 12-8-07 Hole depth: 185	Hole diameter: 6314			
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 Cuier:					
Purpose of borehole (check one): Water W	ell <u> </u>	i 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 In	ndustrial Public Supply Irrigation Fish Culture	Other:			
If a flowing well, method of flow regulation: Valve N A Other (describe)					
Static Water Level: 70 feet above of below (circle one) land surface Date measured: 12-9-07					
Method of Measurement (circle one) steel tape electric tape air line other: String weight					
Well depth: 185 Well grouted to a depth of 19 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 175 feet Casing diameter: inches Type of casing:					
Screen length: 10 feet Screen diameter: 1 inches Type of screen: poc					
Screen slot size:inches Setting depth: Fromfeet tofeet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one screen	en, describe on next page			

Form: OLWR-SWR-1A

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

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## The sketch below only required for water wells

## If well telescopes, show depths on sketch.

_	Wen receptor show	ucperso.	UIL SILCICIA
	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 dist	Ground Level	90
unité sad	90	60
Blue clay	60	100
Rock	100	102
white soud	102	103
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.
$\omega$
House
Landowner Name:finis Clonton 3
Landowner Name: 4 inis Clorton  Form: OI WR-SWR

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 a Moson 0-620	1-3-08
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Print Name of Responsible Licensee and License No.

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## STATE WELL REPORT Part 2 County: Macs hall For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: Jones w. Mosan P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: (2-9-07 (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: 34,49-524 Longitude: 89-40.087 Finis Clonton Method of Lat/Long (check one): Conventional Survey\_\_\_\_\_, Mailing Address: USGS quad , Hand-held GPS , Survey-grade GPS JE " NW " Sec 18 T 35 R YW Distance Direction Nearest Town Telephone No. (64) 838-2115 1'14 Miles SE of WOLSOW Power Type Pump Type Circle one Circle one Natural Gas Submersible Diesel Engine Gasoline Engine Air Lift Jet Tractor PTO Electric Moton Hand Turbine Bucket Piston Other (specify): \_ Windmill Flowing Well Centrifugal Rotary Horse Power Rating of Motor: \_\_\_\_3/4 Other (specify): 100 Date Pump Installed: 12-9-07 Setting Depth: Rated Pump Capacity: Number of Stages: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 12-9-07 Air Line Electric Measuring Line Steel Tape Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Other (specify): String | weight Pumping Water Level (B): Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Test Pumping Rate: \_\_\_\_ GPM with a drawdown of Gallons Per Minute Well yielded feet after 24 hours of pumping Duration of Pump Test (minimum 4 hours): \_ Jump hours

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

Tones w. Mosan 0-600

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

Signature of Pump Installer

Form: OLWR-SWR-1B

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