	State Well Report	For Office Use Only:
	Part 1 – Driller's Log	For Office Use Only:
County: Morsholl Mississir	ppi Department of Environmental Quality	Aquifer:
Permit #: O	ffice of Land and Water Resources	Well #: J-286
	P.O. Box 10631	Well #:
Driller: Jones w. Mosen	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 5-13-08	(601)961-5210	
Date drifting completed. <u>3 13 55</u>	(601)354-6938 (fax)	E-log #:
State Law requires that this report be prep	ared by the license holder responsible for a	the work and filed with the
Department at the above address within 3) days of completion of ariting of the wea	or vorenoie.
Information on Well Owner	Well or Bo	orehole Location
(Landowner if borehole is not for a water	well) 311 (10,365	59.36.69.
	Latitude: $\underline{39}^{\circ}$ $\underline{97}^{\circ}$	<u>1</u> " Longitude: <u>89 • 36 ,69)</u> ne): Conventional Survey, 42
Dwner Name Tonny Schoffner		halt Conventional Survey 1/
	Method of Lat/Long (circle o	ne): Conventional Survey,
Mailing Address: LOT 4	USCS and Hand-beld	I GAS, Survey-grade GPS
S. H. propt S. Ind		
South creek subd	NE 1/ SW 1/ Sec 27	Twn 35 Rng 4w
Byhalia Ms 3 City State	8611 SE	
City State	Zip Code Distance Direction	Nearest Town
	D'M Miles NE	of wortson center
Celephone No. (901) 362-1141		
	Well / Borehole Data	
		united and C3h
Date drilling started: 5-13-08 Date drilling com	pleted: $5 - 13 - 00$ Hole depth: 1	Hole diameter:
Location of the source of any surface water used for Method of dosing and volume of Chlorine used in c	drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in c	infining and development.	
Logs run (circle all applicable). No log run Electri		
Name of organization running log(s):	e Gaining Ray Denois Source Comment	
Purpose of borehole (check one): Water Well	eotechnical/Geological Investigation Groun	d Source Heat Pump
Seismic Survey	Other (describe)	
If drilling is not related to water	well construction, skip the remainder of this b	lock
	P. 11' O. I. Instruction Fish Culture	Other
Purpose of Well (check one): Home <u></u> Industrial	Public SupplyIrrigationPish Culture	Other
ra a training to the training Value	Other (describe)	
If a flowing well, method of flow regulation: Valve		_
Static Water Level: 45 feet above of be	low circle one) land surface Date measured	5-20-00
Static water Level tot above of the		
Method of Measurement (circle one) steel tape	electric tape air line other: 5t	ring luneight
Method of Medsurement (encle one) stort app		
Well depth: 95 Well grouted to a depth of l	O feet Type of grout (circle one): Neat Cer	ment Bentonite Mix
Casing length: <u>85</u> feet Casing diamet	er: <u> </u>	puc
		•
Screen length: 10 feet Screen diamet	er: inches Type of screen: _	<u> </u>
Screen slot size: inches Settin	g depth: From reet to	
Type of completion (circle all applicable): Gravel	marked Underroomed Telesconed One	n hole Natural Development
Type of completion (circle all applicable): Gravel	packed Underreamed Telescoped Ope	
Other (describe):	
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scr	een, describe on next page
Top of tap pipe of reduction in casing.		
		Form: OLWR-SWR-1A
		RECEIVE

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JUN 2 5 2008 BY: OLWR

J- 286

To (depth)

25

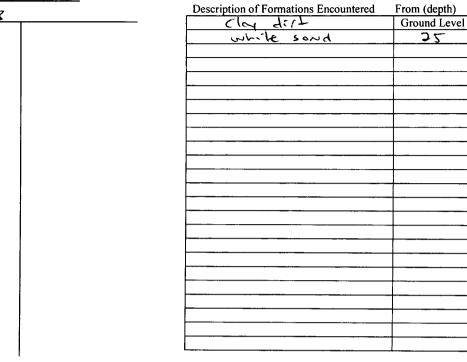
95

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

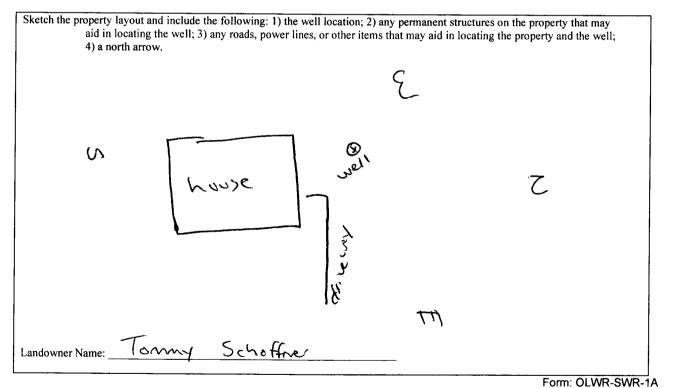
The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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



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._____

Date

W. Moson 0-620 6-10-02 Jane,

lan. RECEIVED

Print Name of Responsible Licensee and License No.

^VSignature of Licensee

JUN 2 5 2008

BY: OLWP

STATE WELL REPORT			
County: Morshall	Part 2 Pump Installer's Completion Report	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:	
Driller: Jones w. Mosch	P.O. Box 10631	T- 701	
Date completed: 5-90-08	Jackson, MS 39289-0631 (601)961-5210	Well #: 0 - 206	
Copy information from block on Part 1	(601)354-6938 (fax)	Elevation:	

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
Well Location

wen Owner Information	wen Location
Owner Name: Tommy Schoffner	Latitude: 34.47.369 Longitude: 89.36.697
Mailing Address: Lot 4	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS_V, Survey-grade GPS
Byholia Mr 38611 City State Zip Code	NE 1/2 SW 1/2 Sec 27 T 35 R 4W
	Distance Direction Nearest Town
Telephone No. (301) 262-1141	3114 Miles NE of workson center

	Pump Ty Circle on			Power Typ Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	e Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify)	:
Other (specify):	<u> </u>		Horse Power Rating	g of Motor:	3/4
Date Pump Installed:	5-20-	30	Setting Depth:	60	feet
Rated Pump Capacity:	10	Gallons Per Minute	Number of Stages:	8	

Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 5-20-08	Circle one Air Line Electric Measuring Line Steel Tape	
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): String (weight	
Pumping Water Level (B):Feet Below Land Surface		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	feet afterhours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	
Jones w. Moson 0-620	Genow. Man	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
		Form: PURSENVED

JUN 2 5 2008 BY: OLWR