	State Well Report			
County: Morshall	Part 1 – Driller's Log	For Office Use Only:		
Mississip	pi Department of Environmental Quality	Aquifer:		
Permit #: Off	ice of Land and Water Resources	Aquifer:		
Driller: Ines whoson	P.O. Box 2309 Jackson, MS 39225			
Date drilling completed: 7-12-08	(601)961- 5210	L. S. Elevation:		
Bate diming completed.	(601)961- 5228 (fax)	E-log #:		
State Law requires that this report be prepar	red by the license holder responsible for	the work and filed with the		
Department at the above address within 30				
Information on Well Owner	-15	orehole Location		
(Landowner if borehole is not for a water w	Latitude 34 . 49 , 197	" Longitude: 89 • 37 • 361 "		
Owner Name Don Cosier		22		
Mailing Address: LOT 16	Method of Lat/Long (circle of	Latitude: 34 °49 ,197 " Longitude: 89 °37 ,361 " Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
1	USGS quad, Hand-held			
timberridge	SE V SE V S 160	Twn 35 Rng 4w		
Byhalia Ms 36 City State Zin	18611 SW 4 SEC 160	rwii Ja King (CC)		
City State Zip	Distance Direction 1314 Miles 5W	Nearest Town		
Telephone No. (27) 299- 9280	1-14 Miles 3 W	01 Oletoria		
	Well / Borehole Data			
Date drilling started: <u> </u>	eted: 7-12-08 Hole depth: 100	Hole diameter: 6314		
Location of the source of any surface water used for dr	illing: NA			
Method of dosing and volume of Chlorine used in dril	ling and development:			
Logs run (circle all applicable): No log run Electric	Gamma Ray Dencity Sonic Neutron	Other		
Name of organization running log(s):	Samua Ray Belishy Some Rediron	other.		
Purpose of borehole (check one): Water Well — Geot		I Source Hoot Dumm		
		Source Heat Fump		
	ther (describe) ~~			
	ll construction, skip the remainder of this blo			
Purpose of Well (check one): HomeIndustrial	Public Supply Irrigation Fish Culture	Other:		
f a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level: 65 feet above of below (circle one) land surface Date measured: 7 - 17-06				
Method of Measurement (circle one) steel tape electric tape air line other: String luciout				
Well depth: 10 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 100 feet Casing diameter:				
Screen length:				
creen slot size: _ c O L O _ inches Setting depth: From _ L O O _ feet to L L O _ feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
op of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page				
,				

Form: OLWR-SWR-1A (04/08)

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The sketch	below	only	required	for	water wells

If well telescopes, show depths on sketch. Ground Level-

Description of forme			
wells and boreholes,	unless specifically	exempted by reg	ulations

Description of Formations Encountered	From (depth)	To (depth)
clay dist.	Ground Level	3
red Soud	5	18
rock	(8	(9
while and	१ व्य	65
Rock	65	80
Blue clay	67	80
while sand	80	110
		l

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

Sketch the property layout and include the follow aid in locating the well; 3) any roads 4) a north arrow.	ing: 1) the well location; 2) any permanent structures on the property that may s, power lines, or other items that may aid in locating the property and the well;
	5
J se"	house of the state
	\sim
Landowner Name: Don Coosies	Form: OL WP SWP 1A (04/05

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	7-31-08
Print Name of R	esponsib	le Licensee an	d License No.	Date

Date

Signature of Licensee RECEIVED

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BY: OLWR

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 P.O. Box 2309 Well #: Jackson, MS 39225 Date completed: 7-17-08 (601)961-5210 Elevation: (601)961-5228 (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: 34-49-197 Longitude: 89.37.361 Vo~ Coosier Owner Name: Mailing Address: Lot Ub Method of Lat/Long (check one): Conventional Survey____, USGS quad ____, Hand-held GPS ___, Survey-grade GPS____ SE 4 SE 4 Sec 16 T 3s R 4w Distance Nearest Town Direction Telephone No. (981) 299 - 9280 13/4 Miles sw of victoria Pump Type **Power Type** Circle one Circle one Natural Gas Submersible Diesel Engine Gasoline Engine Air Lift Jet Electric Motor Hand **Tractor PTO** Piston Turbine Bucket Other (specify): Windmill Centrifugal Rotary Flowing Well Horse Power Rating of Motor: ____314 Other (specify): 80 Setting Depth: Date Pump Installed: 7-17-00 feet Rated Pump Capacity: ___ / S Number of Stages: Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: 7-17-68 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 65 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 GPM with a drawdown of Well vielded Gallons Per Minute Duration of Pump Test (minimum 4 hours): feet after 34 hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jones W. Mason 0-620 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

AUG 0 4 2008

Form: OLWR SAME (18 104/08)E

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