State Well Report					
	– Driller's Log	For Office Use Only:			
Mississippi Departr	ment of Environmental Quality	Aquifer:			
	d and Water Resources O. Box 2309	Well #: J-296			
Driller: Jones W. Nosan Jack	son, MS 39225	L. S. Elevation:			
	01)961- 5210 1961- 5228 (fax)	E. S. Elevation.			
		E-log #:			
State Law requires that this report be prepared by the Department at the above address within 30 days of co					
Information on Well Owner	<u> </u>	rehole Location			
(Landowner if borehole is not for a water well)	Latituda, 34 . 49 , 825	-, Langituda, 89. 40, 23.7			
Owner Name Daniel word.	Latitude:	Longitude: 2 1			
Mailing Address: (588 st Poul	Method of Lat/Long (circle or	Latitude: 34 ° 49 '875" Longitude: 89 ° 40, 33,7 Method of Lat/Long (circle one): Conventional Survey,			
Maning Address. (300 31 631	USGS quad, (Hand-held GPS, Survey-grade GPS				
	SW 1/5/01 1/ 500 7.	Twn 35 Rng 4w			
Byhalia Ms 38611 City State Zip Code	3 /4 <u>3 0 0 /4 3 0 0 /4 3 0 0 /4 3 0 0 /4 3 0 0 /4 3 0 0 0 /4 3 0 0 0 /4 3 0 0 0 /4 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </u>	I WII J _ KIIg t			
· · · · · · · · · · · · · · · · · · ·	Distance Direction 3/4 Miles	Nearest Town			
Telephone No. (662 551-8203	- 7 Willes	01_0061.3000			
Wall / D	orehole Data				
		. 3/,			
Date drilling started: $\frac{9 - 39 - 08}{2}$ Date drilling completed: $9 - 3$	Hole depth: 10-3	Hole diameter: 6719			
Location of the source of any surface water used for drilling: A 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 Other:					
Purpose of borehole (check one): Water Well Geotechnical/G	eological Investigation Ground	Source Heat Pump			
Seismic Survey Other (descri					
If drilling is not related to water well construc	ction, skip the remainder of this blo	ock			
Purpose of Well (check one): HomeIndustrial Public Sup	pplyIrrigation Fish Culture	Other:			
If a flowing well, method of flow regulation: Valve	Other (describe)				
Static Water Level: 60 feet above of below (orcle one) land surface Date measured: 9-30-0cP					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length:					
Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10 C					
Screen slot size: , OlO inches Setting depth: From [15] feet to 125 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: 6eet. If	telescoped or more than one scree	en, describe on next page			

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

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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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 dirt.	Ground Level	15
white soud white clay white soud white chy white soud	15	45
while clay	45	65
white soud	2 3	28
while chy	08	25
while soud	85	125
	_	
· · · · · · · · · · · · · · · · · · ·		

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

Sketch the property layout and in aid in locating the	iclude the following: 1 well; 3) any roads, pow) the well location; 2) any ver lines, or other items tha	permanent structures on the prope at may aid in locating the property	rty that may and the well;
4) a north arrow.	Honse	Hunse	<u>ک</u>	E
	Ø væ¹\		\$	
Landowner Name: Daniel	Word			

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

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. Mojer	0-630	10-22-08

Signature of Licensee

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Print Name of Responsible Licensee and License No.

Date

OCT 2 4 2008

BY: OLWR

STATE WELL REPORT Part 2 County: Marshall For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 Date completed: 9-30-08 (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 Owner Information Well Location Latitude: 34.49.875 Longitude: 89.40.237 Owner Name: Daniel Word Mailing Address: 1588 St Poul Method of Lat/Long (check one): Conventional Survey, USGS quad____, Hand-held GPS____, Survey-grade GPS____ SW & SW & Sec 7 T 35 R YW Distance Direction Nearest Town 3/4 Miles E of Worsow Telephone No. (662) 551-8203 **Pump Type** Power Type Circle one Circle one Air Lift Submersible) Jet Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Other (specify): Rotary Flowing Well Windmill Horse Power Rating of Motor: _ 3/4 Other (specify): __ Date Pump Installed: 9-30-06 80 Setting Depth: Rated Pump Capacity: ____(\(\) Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: 9-30-68 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 60 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: Test Pumping Rate: ___ Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \mathcal{F} MA hours of pumping hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Jones W. Mosor 0-620 Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SVE BOENVED