State Well Report		For Office Use Only:		
Part 1	Part 1 – Driller's Log			
	nent of Environmental Quality and and Water Resources	Aquifer:		
remit #.). Box 10631	Well #:		
Driller: Jones Wosa Jackson	, MS 39289-0631	L. S. Elevation:		
	01)961-5210)354-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the Department at the above address within 30 days of co	license holder responsible for	the work and filed with the l or borehole.		
Department at the above adaress within 30 days of the Information on Well Owner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ·		
(Landowner if borehole is not for a water well)	13, 44.46 Septimes 1	1" Longitude: 89 • 41 , 807"		
Owner Name Korl Thompson	Method of Lat/Long (circle	L' Longitude: Sq. 41, 807, 48 ine): Conventional Survey,		
Mailing Address: 1616 Beale rd.		1 676		
	NE 15W 1/ Sec 1	Twn 45 Rng 50,		
Bullation Ms 38611	SE"	Name Town		
Byholia MS 38611 City State Zip Code	Distance Direction 2'14 Miles NE	of Woll Will		
Telephone No. (663) 564 - 4509				
	Borehole Data			
Date drilling started: 11-10-05 Date drilling completed: (1-	10-05 Hole depth: 150	Hole diameter: 8"		
Date drilling started: 11 1325 Date drilling completed: 12	. 14			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and	· · · · · · · · · · · · · · · · · · ·			
Logs run (circle all applicable): No log run Electric Gamma	a Ray Density Sonic Neutron	1		
Purpose of borehole (check one): Water Well Geotechnical	/Geological Investigation Grou	and Source Heat Pump		
Seismic Survey <u>*</u> Other (describe)				
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
Purpose of Well (check one): HomeIndustrial Public	Supply irrigation risit Cutto			
If a flowing well, method of flow regulation: Valve NA	Other (describe)			
Static Water Level: 80 feet above of below (circle one) land surface Date measured: 11-10-05				
Method of Measurement (circle one) steel tape electr	• •	tring weight		
Well depth: 150 Well grouted to a depth of to feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 140 feet Casing diameter: inches Type of casing:				
Screen length: 10 feet Screen diameter:	inches Type of screen	: <u>puc</u>		
Screen slot size: Oto inches Setting depth:	From 140 feet to _	() U tect		
Type of completion (circle all applicable): Gravel packed	Underreamed Telescoped C	pen note Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing: NA fee	et. If telescoped or more than one	screen, describe on next page		
		Form: OLWR-SWR-1A		

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The sketch below only required for y	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 sk	etch.				
Ground Level			ermations Encountered	From (depth) Ground Level	To (depth)
		clox	dirt.		45
		red's	arc' .	30	60
Ì		white	Soud	45	63
		herd	rock	60	90
	,	unite	Sond	63	82
		white	cley	48	150
		white	Sand	60	
•					
					<u> </u>
					+
ketch the property layout and includ aid in locating the well; 4) a north arrow.	te the following: 1) the well 3) any roads, power lines, o	location; 2) any poor other items that	ermanent structures on the may aid in locating the p	ne property that may property and the wel	il;
8	well				
٧	house drue we			E	
andowner Name: Karl		5			

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 0636 11-30-05

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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STATE WELL REPORT

County: Marshall

Pump Installer's Completion Report

For Office Use Only:	
Aquifer:	
Well #: M-67 Elevation:	•

Permit #:	Mississippi Departmen	t of Environmental Quality	Aquifer:	
Driller: Jores w Major	Office of Land and Water Resources		44 - / 17	
Date completed: 11-10-05	Jackson, MS 39289-0631		Well #: <u>M-67</u>	
	(601)961-5210 (601)354-6938 (fax)		Elevation:	
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		l Location		
Owner Name: For Thomps	47		_Longitude: <u>89・41・80)</u>	
Mailing Address: 1616 Beale	<u>d.</u>			
	USGS quad, Hand-held GPS, Sui			
Byholia MS City State	15 38611 NE 1/500 1/2 Sec 11 T 45 R		İ	
3.19	•	Distance Direction Nearest Town		
Telephone No. (60) 564-450	214 Miles NE of Wall hill		rwall hill	
Pump Type		Po	wer Type	
Circle one			Sircle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	i	(specify):	
Other (specify):		Horse Power Rating of Motor	r. 3/4	
Date Pump Installed:		Setting Depth: 100 feet		
Rated Pump Capacity:(>	_Gallons Per Minute	Number of Stages:	(
Pump Test Data			easuring Water Level	
Date Well Tested: 10-05			Circle one	
Static Water Level (A): Po		Air Line Electric Me		
Pumping Water Level (B): Feet Below Land Surface		Other (specify): 5+(12)	(weight	
Drawdown [(B) – (A)]:		For flowing well, measured s	thut in head: <u>NA</u> feet	
į.	1		GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours		311		
I HEREBY CERTIFY that the above state		of my knowledge.		

I HEREBY CERTIFY that the above statements are true to the best of n	ny knowledge.	
THERED I CERTIF I did die de constitue de la certificación de la c	· · · · · · · · · · · · · · · · · · ·	
Jos W. Moson 0-620	Des G. Non	
<u> </u>		(
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
Time (value of Lump instance and a little of the property of the little of the		Form: OLMP SMP.18

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