	State Wo	ell Report 💢 🛊	En Office Use Only	
0.0000(1.1)	Part 1 - D	riller's Log	For Office Use Only:	
County: Morshall		of Environmental Quality	Aquifer:	
Permit #:	Office of Land ar	nd Water Resources	Well #:	
		ox 10631	Well #: 110 10	
Driller: Jones w. Mason	Jackson, M	S 39289-0631	L. S. Elevation:	
Date drilling completed: 4-10-07		61-5210		
Date driving completes	(601)354	-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address	within 30 days of comp	letion of drilling of the well	or porenoie.	
Information on Well O	wner	Well or Bo	renoie Location	
(Landowner if borehole is not for	r a water well)	34.43.26	" Longitude: 89 • 39 · 1949" ne): Conventional Survey,	
61 1 11.		Latitude: 15 15	Longhude. 57 57	
Owner Name Clayton Hones		Method of Lat/Long (circle of	ne): Conventional Survey.	
Mailing Address: 6419 Huy	3093	Wicthod of Eur Bong (energy)		
Maning Address: 0919 1150		USGS quad, Hand-held	GPS, Survey-grade GPS	
			Twn 45 Rng 5W	
2	200 11	700 1/2 Sec 30	Twn 73 Rng J65	
Byholia Ms City Stat	38611		Nament Town	
City State	e Zip Code	Distance Direction Miles	Nearest Town	
901 R23-111)	Miles/C	01	
Telephone No. (901) 873-111	<u>/</u>			
	Well / Bore	hole Data		
	4.	185	7 1 1 C 3/M	
Date drilling started: (1-10-07) Date dri	lling completed: 4 - 10-	Hole depth: 103	Hole diameter: 279	
Location of the source of any surface water	r used for drilling: A	onment: LA		
Method of dosing and volume of Chlorine	e used in drining and deve	opinent.		
Location of the source of any surface water used for drilling:A Method of dosing and volume of Chlorine used in drilling and development:				
Purpose of borehole (check one): Water W	ell Geotechnical/Geol	ogical Investigation Groun	d Source Heat Pump	
Seismic Survey Other (describe)				
If drilling is not related	to water well construction	n, skip the remainder of this b	lock	
Purpose of Well (check one): Home $ \underline{\hspace{1cm}} $	ndustrial Public Supply	y Irrigation Fish Culture	e Other:	
If a flowing well, method of flow regulation				
Static Water Level: 120 feet above or below (ricle one) land surface Date measured: 4-10-07.				
Method of Measurement (circle one) steel tape electric tape air line other: string weight.				
Well depth: 185 Well grouted to a depth of 10 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: 4 inches Type of screen:				
Screen slot size: . O (O inches Setting depth: From 1) feet to 185 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: ___

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

Form: OLWR-SWR-1A

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The sketch	helow	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)	l'o (depth)
clay dict.	Ground Level	32
red Soud	ට	35
white soud	35	185
		1

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 structure aid in locating the well; 3) any roads, power lines, or other items that may aid in locating 4) a north arrow.	es on the property that may gethe property and the well;
\sim	
2. house	>
Landowner Name: Clayton Hones.	Form OLWD SWD

Form: OLWR-SWR-1A

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.

Print Name of Responsible Licensee and License No.

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BY: OLWR

STATE WELL REPORT

County: Marshall Permit #: _____ Driller: Twes w. Masen Date completed: 4-10-07 Copy information from block on Part 1 This part of the report must be completed.

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:		
Aquifer:		
Well #: <u>M - 73</u> Elevation:	-	

(601)354-6938 (fax) 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: 34.43. 263 Longitude: 89.39.104 Owner Name: Cloyton Hones Mailing Address: Method of Lat/Long (check one): Conventional Survey USGS quad____, Hand-held GPS \(\bigcup_{\text{\colored}} \), Survey-grade GPS___ NW 1/5W 1/5 Sec 20 T 45 R 5w Distance Direction Nearest Town Telephone No. (901) 873-1/17 14 Miles N of Orion Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas **Bucket** Piston **Turbine** Electric Motor Hand **Tractor PTO** Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: __3/4 ~ Other (specify): _ Date Pump Installed: 4 - 10 - 67 140 Setting Depth: 19 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 4-10-07 Air Line Electric Measuring Line Static Water Level (A): 120 Feet Below Land Surface Other (specify): String / weight Pumping Water Level (B): NA 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 nours):	feet after 34	hours of pumping
I HEREBY CERTIFY that the above statements are true to the best o	f my knowledge.	
Jones W. Moson 0-620	Geow. None	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
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Form: OL WOOD TO VED