State	Well Report	For Office Use Only:	
Mississippi Departm	nent of Environmental Quality	Aquifer:	
	l and Water Resources O. Box 2309	Well #: M- 83	
1 D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	son, MS 39225		
Date drilling completed: () (d) () (f)	91)961- 5210 964- 5228 (fax)	L. S. Elevation:	
(601)	961- 5228 (fax)	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 (Landowner if borehole is not for a water well)		orehole Location	
	Latitude: 54° 42, 49	2. Longitude: $8999999999999999999999999999999999999$	
Owner Name Wowice Jones. Mailing Address: 801 Woll Will (d.	Method of Lat/Long (circle or	2. Longitude: 8% 41, 52% ne): Conventional Survey,	
Mailing Address: Col Coll Coll Id.		GPS, Survey-grade GPS	
	MWY SE 1/ Sec 73	Twn 45 Rng 5w	
Byholia Ms 38611 City State Zip Code	1 5E		
City State Zip Code	Distance Direction O'14 Miles ~~~~	Nearest Town of Cico	
Telephone No. (901) 361-5422			
Well / Bo	orehole Data		
Date drilling started: 8-38-08 Date drilling completed: 8-38-08 Hole depth: 155 Hole diameter: 6314			
Location of the source of any surface water used for drilling: \(\triangle A \) Method of dosing and volume of Chlorine used in drilling and development: \(\triangle A \)			
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Sup	plyIrrigationFish Culture	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 46 feet above or below (circle one) land surface Date measured: 8-38-00			
Method of Measurement (circle one) steel tape electric tape air line other: String (weight			
Well depth: /55 Well grouted to a depth of feet Type of grout (circle one): Neat Cemen Bentonite Mix			
Casing length: 145 feet Casing diameter: 4 inches Type of casing: put			
Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10			
Screen slot size: CO inches Setting depth: From 145 feet to 155 feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):	<i></i> ~		

Top of lap pipe or reduction in casing:

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

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

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The sketch below only	required for	water wells
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If well telescopes,	<u>s</u> how	depths	on	sketch.
Ground Level.				

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

Description of Formations Encountered	From (depth)	To (depth)
Clay dist.	Ground Level	100
red soud	10	35
while soud	35	45
white clay	45	60
white soud	60	85
white clay	85	88
white sould.	88	155
		<u> </u>

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

Sketch the property la aid in lo 4) a nort	cating the well; 3) any roads, p	g: 1) the well location; 2) any per power lines, or other items that n	rmanent structures on the proper may aid in locating the property	rty that may and the well;
لی	house	3		E
Landowner Name:	Louice Jenes	5		

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.

Joses W. Moson

Print Name of Responsible Licensee and License No.

0620

9-25-08

Date

Jan - Mason

Signature of Licensee

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STATE WELL REPORT

County: Marshall Permit # Date completed: 2-38-08

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

Jackson, MS 39225 (601)961-5210

For Office Use Only:		
Aquifer:		
Well #: _ <i>M</i> - 83		
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 Owner Name: Worrice Jones Latitude: 34.42.992 Longitude: 89.41.529 Mailing Address: 801 wall will id. Method of Lat/Long (check one): Conventional Survey , USGS quad____, Hand-held GPS_\(\bullet\), Survey-grade GPS___ NW MSE M Sec 23 T 45 R 5W Distance Direction Telephone No. (901) 361-5422 214 Miles NW of Ocion 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 Other (specify): Windmill Horse Power Rating of Motor: _ 3/\/ Other (specify): Date Pump Installed: 8-38-08 OB Setting Depth: Rated Pump Capacity: () Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 8-28-00 Air Line Electric Measuring Line Static Water Level (A): 46 Steel Tape Feet Below Land Surface Other (specify): String I 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: OGallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): A hours feet after 24 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
Jones W. Mison 0-620	Georgia Mon
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWRAPE CEIVED

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BY: OLWR