

Pump replaced 3/16/11

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Masor  
 Date drilling completed: 5-20-05

### Well Driller Report and Well Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-73  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Greg Strong - Strawn</u>	Latitude: <u>34° 42' 16.9"</u> Longitude: <u>89° 34' 59.2"</u>
Mailing Address: <u>9118 Smith gate rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>Hand-held GPS</u> , Survey-grade GPS
<u>Holly Springs MS 38635</u>	USGS quad, <u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>25</u> Twn <u>45</u> Rng <u>4w</u>
City State Zip Code	<u>SE</u>
Telephone No. <u>(901) 553-7255</u>	Distance <u>1.2</u> Miles Direction <u>SE</u> of Nearest Town <u>Marionna</u>

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**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 5-20-05 Date well drilling completed: 5-20-05

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 5-21-05

Method of Measurement (circle one) steel tape electric tape air line other: string height

Hole depth: 275 Well depth: 275 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: 010 inches Setting depth: From 255 feet to 275 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

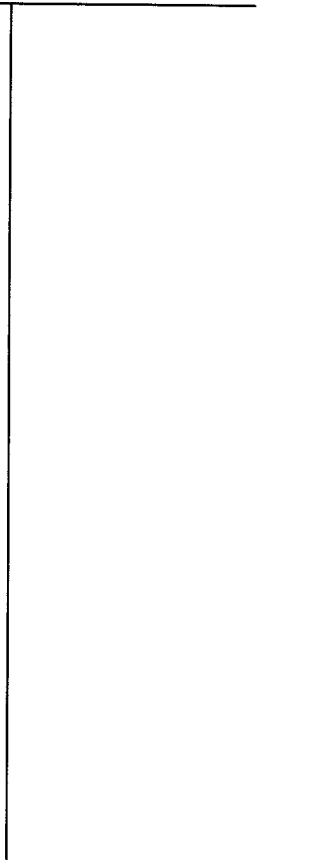
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jones W. Masor 0-620 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

N-73

Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay dirt.	0	10
red sand.	10	45
white sand	45	135
white clay	135	142
white sand	142	<del>200</del>
Blue clay	200	230
white sand	230	275

FIELD  
 JUN 22 2005  
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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 structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Greg Straug

Greg W. Munn  
 Signature of Water Well Contractor

# STATE WELL REPORT

## 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  
(601)354-6938 (fax)

County: Marshall  
Permit #: \_\_\_\_\_  
Driller: Jones W. Masur  
Date completed: 5-21-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: N-73  
Elevation: \_\_\_\_\_

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>Greg Strong</u>	Latitude: <u>34.42.169</u> Longitude: <u>89.34.592</u>
Mailing Address: <u>9118 Smith grove rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
<u>Holly Springs MS 38635</u> City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>25</u> Twn <u>4s</u> Rng <u>4w</u>
Telephone No. <u>(901) 553-7255</u>	Distance <u>1 1/2</u> Miles <u>SE</u> of <u>MORIANNA</u>

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Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3hp</u>
Date Pump Installed: <u>5-21-05</u>	Setting Depth: <u>220'</u> feet
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-21-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): <u>String (weight)</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Masur  
Print Name of Pump Installer and License No. (if applicable)

Greg W. Masur  
Signature of Pump Installer