	State W	ell Report		
County 200 and 11	Part 1 – Driller's Log		For Office Use Only:	
County: Marshall	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: N-76	
Driller: Janes W. Moson	P.O. E	30x 10631	• •	
		IS 39289-0631	L. S. Elevation:	
Date drilling completed: 2-18-06		961-5210		
	(601)35	4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address				
Information on Well	Owner	Well or Bo	rehole Location	
(Landowner if borehole is not f	or a water well)	741.42 .536		
Overnor Nome () ()		Latitude: 3 4 3 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	" Longitude: 89 · 36 · 43." ne): Conventional Survey,	
Owner Name CENS CONS		Method of Lat/Long (circle or	ne): Conventional Survey	
Owner Name Chris Conwa Mailing Address: 345 Union	veller rd.			
		USGS quad, Hand-held	GPS, Survey-grade GPS	
		15 62 23	Twn 45 Rng 4w	
1-1-1 Soci	381,26	1/3/2 1/4 Sec 3 6	Twn 13 Rng 1W	
Holly Springs r City Sta	te Zin Code	Distance Direction	Nearest Town	
	ic zip code	Miles Miles	of Wollowng	
Telephone No. (901) 326 01	13			
	Well / Bore	hole Data		
Date drilling started: 2-18-06 Date dr	illing completed: $\frac{2-18-9}{2}$	Hole depth: 185	Hole diameter: 8	
Location of the source of any surface wat Method of dosing and volume of Chlorin	er used for drilling: <u> </u>	opment:		
Logs run (circle all applicable). No log nun Electric Gamma Ray Density Sonic Neutron Other:				
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): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 130 feet above or below (circle one) land surface Date measured: 3-18-06				
Method of Measurement (circle one) steel tape electric tape air line other: String Lacinal.				
Well depth: 185 Well grouted to a de				
Casing length: 175 feet Casing diameter: 4 inches Type of casing: poc				
Screen length: 10 feet Screen diameter: 1 inches Type of screen: p3 C				
Screen slot size: O(O) inches	Setting depth: From	()5 feet to	185 feet	

Type of completion (circle all applicable)

Top of lap pipe or reduction in casing:

Gravel packed)

Other (describe):

Underreamed

Form: PECEIVED

Telescoped Open hole Natural Development

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

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TL	o skotch	holow	only	reauired	for	water	wells
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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)
Cley dirt	Ground Level	35
Blue Clay	35	90
rock	90	વા
Blue clay	91	125
white said	125	185
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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 aid in locating the well; 3) any roads, power lines, or other items that 4) a north arrow.	permanent structures on the property that may it may aid in locating the property and the well;
Nouse	7
Landowner Name: Chris Canway	77

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

Bero V. Muson. 0-620	3-14-06.	Gen rom	RECEIVE
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	MAR 2 1 2006

BY: OLWR

STATE WELL REPORT

County: Marshall Permit #: ____

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

For Office Use Only:			
Aquifer:			
Well#: 1			
Elevation:			

Driller: Dones w. Mason	P.O. Box 10631		1/ 7		
Date completed: 2-18-06	Jackson, MS 39289-0631 (601)961-5210		Well #: 1		
Copy information from block on Part 1	(601)354-6938 (fax)		Elevation:		
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 file Well Owner Informat					
		Well Location			
Owner Name: Chris Conwo	•	Latitude: 34.43,530 Longitude: 89.36.043			
Mailing Address: 345 Uniton	solley rd.	Method of Lat/Long (check one): Conventional Survey,			
		USGS quad, Hand-held (GPS, Survey-grade GPS		
City State Zip Code		NE 4 SE 4 Sec 25	NE 45E 4 Sec 22 T 45 R 4W		
,		Distance Direction	Nearest Town		
Telephone No. <u>901</u> 326 - 011	3	Miles N of Marianna			
Pump Type		Pow	ver Type		
Circle one			rele one		
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):		
Other (specify):		Horse Power Rating of Motor:	314		
Date Pump Installed: 2-18-00	9	Setting Depth: [6	Ofeet		
Rated Pump Capacity: 13	Gallons Per Minute	Number of Stages:			
Duma Tost Date		Mal Long			
Pump Test Data			suring Water Level rele one		
Date Well Tested: 2-18-06		Air Line Electric Meas	uring Line Steel Tape		
Static Water Level (A): 130 Feet Below Land Surface		Other (specify): String	I we inh		
Pumping Water Level (B): ~ AFeet Below Land Surface					
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shu	it in head: μA feet		
Test Pumping Rate: Gallons Per Minute		Well yielded 12	_GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	24 hours	feet after	∂Ҷhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Tores W. Maso. Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer RE	CEIVED
	Form: OLWF	R 2 1 2006