	State Well Report	For Office Use Only:
County: Morshall	Part 1 – Driller's Log	For Onice Use Omy.
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: N- 78
Driller: Jones w. Maron.	P.O. Box 10631	weil #:
Driller: USACS DO: / Miles:	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 7-39-06	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

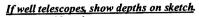
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

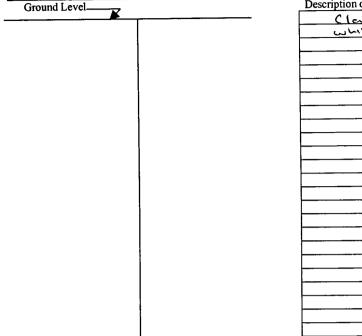
Information on Well Owner	Well or Borehole Location	
	Well of Borenoic Location	
(Landowner if borehole is not for a water well)	Latitude: 34 • 41 • 819 " Longitude: 89 • 36 • 393 "	
Owner Name Ira Wolker	Method of Lat/Long (circle one): Conventional Survey,	
Mailing Address: 844 Chulohomo (d.	USGS quad, Hand-held GPS, Survey-grade GPS	
	SE 1/4 New 1/4 Sec 34 Twn 45 Rng 4W	
Holly Springs MJ. 38635	SW/ NE	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (662) 564-3933	MilesOI /VIOI (GNNG	
Well / Bore	chole Data	
Date drilling started: $\underline{\gamma} - \underline{\beta} \underline{\gamma} - \underline{0} \underline{\zeta}$ Date drilling completed: $\underline{\gamma} - \underline{\beta} \underline{\gamma} $ .	-06 Hole depth: (10' Hole diameter: 6314	
Location of the source of any surface water used for drilling:	A	
Method of dosing and volume of Chlorine used in drilling and deve	lopment: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 <u>C</u> Geotechnical/Geol	ogical Investigation Ground Source Heat Pump	
Seismic SurveyOther (describe	6	
If drilling is not related to water well construction	n, skip the remainder of this block	
Purpose of Well (check one): Home 🖌 Industrial Public Supply Irrigation Fish Culture Other:		
If a flowing well, method of flow regulation: Valve $\gamma A$ C		
_		
Static Water Level: <u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	land surface Date measured: $7 - 29 - 06$	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String (weight</u>		
Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix		
Casing length: 100 feet Casing diameter: 4 inches Type of casing:		
Screen length: 10 feet Screen diameter: 4 inches Type of screen: poc		
Screen slot size: <u>CLO</u> inches Setting depth: From <u>100</u> feet to <u>110</u> feet		
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development	
Other (describe):		
Top of lap pipe or reduction in casing: <u>~</u> feet. <u>If te</u>	lescoped or more than one screen, describe on next page	
L	Damy ALWR.SWR-1	

AUG 2 9 2006 BY: OLWF:

N - 18

## The sketch below only required for water wells

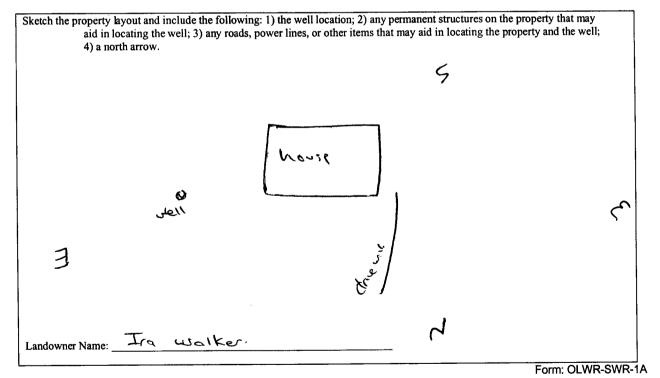




Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay dirt.	Ground Level	10
Clay dist. white soud	(0	110
······································	-	
	-	
		-

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



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. Signature of Licensee RECEIVED pres w. Mason 0.630 8-24-06 Date

Print Name of Responsible Licensee and License No.

AUG 2 9 2006 BY: OLWE

			ELL REPORT	Г	
County: Mai	shall	-	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality		office Use Only:
Du Tao	, w. Mason		and Water Resources		
Driller: 0 44	3 (v (w) 6/-	÷.÷.	Box 10631 MS 39289-0631	Well #:	1-18
Date completed:	7-21-06		)961-5210		
Copy informatio	n from block on Part 1	(601)35	54-6938 (fax)	Elevation:	
This part of th report must be	e report must be comp attached and both par	leted by a licensed water well ts filed with the Department	contractor or a licens at the above address w	ithin 30 days of well co	py of Part 1 of the npletion.
	Well Owner Info			Well Location	
Owner Name:	Ira wolke	<u> </u>	Latitude: 34. 11.	<u>819</u> <u>U</u> (check one): Convention	89.36.393
Mailing Addres	15 <u>844</u> CV	nulchana rd.		_	
			USGS quad, 1	Hand-held GPS, Sur	vey-grade GPS
	Holly Springs	<u>ms 38635</u> Tate Zip Code	SE 1/2 NW ;	4 Sec_34_T_4s	<u>_R_4w_</u>
	City Si	ate Zip Code	Distance D	virection Nearest	ſown
Telephone No.	(662) 564-20	199	<u> </u>	Sw of Moria	ANN Q
L					
	Pump Typ Circle on			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO

Other (specify):	Horse Power Rating of Motor: 3/4
Date Pump Installed: <u>フ- み9-0ら</u> Rated Pump Capacity: <u>し</u> Gallons Per Minute	Setting Depth:feet Number of Stages:I
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 7 - 29 - 06   Static Water Level (A): 20   Feet Below Land Surface   Pumping Water Level (B): $\sim A$ Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify): <u>String Inverignt</u>

Windmill

Well yielded

NA

Other (specify):

For flowing well, measured shut in head: \_\_\_\_\_

12

feet after

Signature of Pump Installer

FormPECEIVED AUG 2 9 2006 BY: OLWP

feet

Αىر

hours of pumping

GPM with a drawdown of

94

٩.

I HEREBY	CERTIFY that the above statements are true to	the best of my knowledge.
	4. Masoni	Gans w. Mon

Feet Below Land Surface

Gallons Per Minute

hours

Flowing Well

us. Masoni Jores Print Name of Pump Installer and License No. (if applicable)

AG

Duration of Pump Test (minimum 4 hours): <u>94</u>

12

Drawdown [(B) – (A)]: \_\_\_\_

Test Pumping Rate:

Rotary

Centrifugal