State Well Report				
County: Macstrall	Part 1 – Driller's Log For Office Use Only:			
Mississippi	Mississippi Department of Environmental Quality Aquifer:			
	Office of Land and Water Resources Well #: R-58			
Driller: Ines w. Mosen	P.O. Box 10631			
	Jackson, MS 39289-0631	L. S. Elevation:		
Date drilling completed: 4-3-0 8	(601)961-5210 (601)354-6938 (fax)	E-log #:		
	(001)334-0938 (1ax)	L-10g #.		
State Law requires that this report be prepare Department at the above address within 30 d	d by the license holder responsible for a	the work and filed with the or borehole.		
Information on Well Owner		orehole Location		
(Landowner if borehole is not for a water wel	7) 1, 34 , 38 , 695	", Langituda, 89.38, 129,"		
Owner Name MS Griffin	Latitude: 26	.38,095, Longitude: 89.38,199,"		
	Method of Lat/Long (circle or	ne): Conventional Survey,		
Mailing Address: 772 Tiyo Id		6 1 6 2 1		
	USGS quad, Hand-held	GPS Survey-grade GPS		
	- NE 1/4 SE 1/4 Sec 2 C	GPS Survey-grade GPS Twn Ss Rng Yw		
$\frac{B_{\text{Nholio}}}{\text{City}}$ State Zip	611			
City State Zip	Code Distance Direction	Nearest Town of Chulohoma		
Telephone No. (901) 831 - 5676	ivines	01		
	Well / Borehole Data	·		
Date drilling started: 4-3-08 Date drilling complet	ed: 4-3-00 Hole depth: 140	Hole diameter: 6314		
		-		
Location of the source of any surface water used for dri	lling: W	<u> </u>		
Method of dosing and volume of Chlorine used in drill	ing and development:			
Logs run (circle all applicable): No log run Electric Name of organization running log(s):	Gamma Ray Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water Well Geote	chnical/Geological Investigation Ground	d 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 Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 93' feet above of below circle one) land surface Date measured: 4-4-08				
Method of Measurement (circle one) steel tape electric tape air line other: String (weight				
Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 130 feet Casing diameter:inches Type of casing:				
Screen length: 10 feet Screen diameter:		•		
Screen slot size: OIO inches Setting depth: From 130 feet to (40 feet				
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (desc	Other (describe):			

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

Top of lap pipe or reduction in casing: ____

Form: OLWR-SWR-1A

RECEIVED

MAY 1 2 2008

BY: OLWF

The sketch	below	only	required	for	water wells

Ground Level.

If well telescopes,	show	depths	on	sketch.	

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 dift	Ground Level	10
led soud	10	30
led soud	30	140
		ļ
	<u> </u>	
	<u> </u>	
		<u> </u>

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

Sketch the property layout and aid in locating th 4) a north arrow.	include the following: 1) the well location; 2) any permanent structures on the proper well; 3) any roads, power lines, or other items that may aid in locating the proper	operty that may rty and the well;
	N	
W	house drive well	E
	5	
Landowner Name:	Griffin	

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.

RECEIVED

MAY 1 2 2008

BY: OLWR

STATE WELL REPORT

Part 2

County: Marshall

Permit #:

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

For Office Use Only:	
Aquifer:	
Well #: R-58	_
Elevation:	-

(60)1	(601)961-5210 (601)354-6938 (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 Departmen	nt at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: MS Griffin	Latitude: 34,38,695 Longitude: 29,38-129		
Mailing Address: 772 Tryo rd	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Bynolic ms 38611 City State Zip Code	NE 1/4 SE 1/4 Sec 20 T 55 R 4W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (901) 831-5676	118 Miles Sw of Chulcheng		
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):		
Other (specify):	Horse Power Rating of Motor:3/4		
Date Pump Installed: 4-4-00	Setting Depth:feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages: 8		
Pump Test Data	Method of Measuring Water Level		
	Circle one		
Date Well Tested: 4-4-00 Static Water Level (A): 63 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
	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:feet		
Test Pumping Rate: Gallons Per Minute	Well yielded		
Duration of Pump Test (minimum 4 hours):hours	feet after $\frac{\partial \mathcal{A}}{\partial \mathbf{A}}$ hours of pumping		
I HEREBY CERTIFY that the above statements are true to the be	st of my knowledge.		

Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

Form: OLWR-SWR-16

MAY 1 2 2008

BY: OLWR