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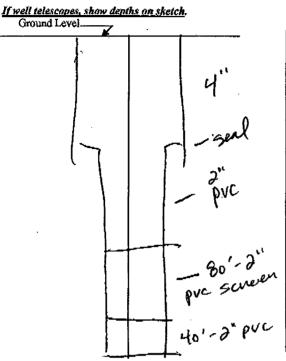
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State W	all Denort			
	ell Report Filler's Log	For Office Use Only:		
Mississippi Departmen	t of Environmental Quality	Aquífer:		
	nd Water Resources Box 2309	Well #: 052		
Driller: MCIMMAG + HILL Jackson (601)	, MS 39225 961- 5210	L. S. Elevation:		
	- 5228 (fax)	E-log#:		
State Law requires that this report be prepared by the lice	ense holder responsible for			
Department at the above address within 30 days of comp Information on Well Owner	letion of drilling of the well			
(Landowner if borehole is not for a water well)				
Owner Name Daniel McMullan	Latitude: 3,2 °C1 '17	_" Longitude: <u>86°29',23</u> "		
Mailing Address: 175 CR 454	Method of Lat/Long (circle or	ne): Conventional Survey,		
	•	GPS, Survey-grade GPS		
A. 1. 1417 3925	NWXNE X Sec 18	Twn 2N Rng 18E		
Quitma MS 39355 City State Zip Code	Distance Direction			
	Miles			
Telephone No. ()				
Well / Bore				
Date drilling started: $3/\partial 6/13$ Date drilling completed: $4/\partial /$	B Hole depth: <u>470</u>	Hole diameter: 27		
Location of the source of any surface water used for drilling:	MMMmi top			
Method of dosing and volume of Chlorine used in drilling and develo	opment: 110 per	1,000 gallans		
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water Well_Geotechnical/Geole	gical 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 (direle one) land surface Date measured: $\frac{4/3}{1.3}$				
Method of Measurement (circle one) Steel tape clectric tape air line other:				
Well depth: 420 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: <u>230</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PUC</u>				
Screen length: $\frac{\partial O}{\partial f}$ feet Screen diameter: $\frac{\partial}{\partial f}$	_inches Type of screen:	pvc		
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underr	eamed Trescoped Open	hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing:	scoped or more than one scree	en, describe on <u>next page</u>		
		Form: OLWERNEL		
APR 0 9 2013				
		BY. OLWP		

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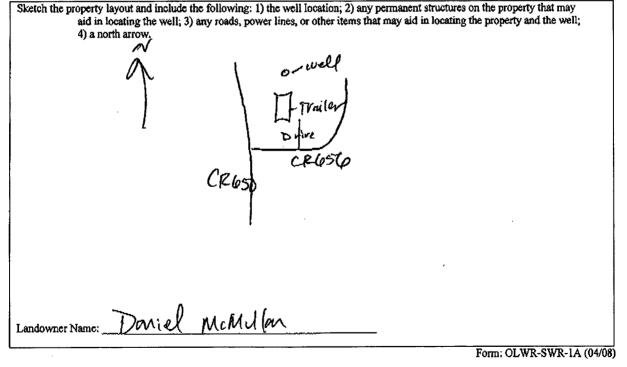




Description of Formations, Encountered	From (depth)	To (d e pth)
Ked Sand I Clay	Ground Level	20
Brown Coarse send	20	40
Shale/Sand	40	70
Shall Course said	<u>70</u>	110
Course, Sand	10	150
shale	150	240
Shale I soudy shale Ro	kst 240	300
Sarry shall	300	400
snabe.	400	430
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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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. VED McI)max Havold Print Name of Responsible Licensee and License No. Date

Signature of Licensee

APR 0 9 2013



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STATE WELL REPORT			
Permit #: Pump Installer Permit #: Mississippi Department Driller: Mc Dmald + H H Date completed: 4 5 1 3	Part 2 For Office Use Only: 's Completion Report Aquifer: and Water Resources		
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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	Well Location		
Owner Name: Doniel McMullon	Latitude:Longitude:		
Mailing Address: 175 C. P. C. S.C. <u>Dui Funon</u> MS 39353 City State Zip Code	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS %% %% Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS %% %		
Telephone No. ()	Miles of		
Pump Type Circle one	Power Type 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: 13 th		
Date Pump Installed: 4/3/13	Setting Depth:feet		
Rated Pump Capacity: Gallons Per Minute	Number of Stages;		
Pump Test Data Date Well Tested: <u>4/5//3</u> Static Water Level (A): <u>/30</u> Feet Below Land Surface	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):		
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 GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u> </u>	<u>30</u> feet after <u>4</u> hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Havald Hill Mc Mald Hill HOB Print Name of Pump Installer and License No. (if applicable) Form: OLWR-SWR-1B (04/08) APR 0 9 2013			
	BY: OLWR		