	State W	ell Report	D. O.C. H. O.L.
County: Marshall	Part 1 – Driller's Log		For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
	P.O. E	3ox 2309	Well #:
Driller: Joses w. Mason.		, MS 39225 961- 5210	L. S. Elevation:
Date drilling completed: 8-7-09	,	- 5228 (fax)	E-log #:
State Law requires that this repor	t be prepared by the lice	ense holder responsible for t	the work and filed with the
Department at the above address	within 30 days of comp	letion of drilling of the well	or borehole.
Information on Well C (Landowner if borehole is not for			
Owner Name John Noel		Latitude: 34 ° 5 7 , 543	" Longitude \( \frac{3}{3} \) \( \frac{3}{3} \)
		Method of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address: 39 Bobw	hile	USGS quad, Hand-held GPS, Survey-grade GPS	
		NE 4 NE 4 Sec 34 Twn 15 Rng 4w	
Bylolia MJ City Stat	38611		
City Star	te Zip Code	Distance Direction  Miles NE	Nearest Town of Cover
Telephone No. (62) 851-349	7.		
	Well / Bore	hole Data	
Date drilling started: 8-7-09 Date drilling completed: 8-7-09 Hole depth: 170 Hole diameter: 6314			
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:			
Method of dosing and volume of Chlorine	e used in drilling and devel	opment:	
Logs run (circle all applicable) No log run Name of organization running log(s):			Other:
Purpose of borehole (check one): Water W	ellGeotechnical/Geolo	ogical Investigation Ground	I 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: 70 feet above or below (sircle one) land surface Date measured: 8 - 7 - 09			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 170 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 150 feet Casing diameter: 4 inches Type of casing: put			
Screen length: 30 feet Screen diameter: 4 inches Type of screen: 500			
Screen slot size: inches Setting depth: From /50 feet to 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:	feet. If tele	escoped or more than one scree	en, describe on next page

Form: OLWR-SWR-1A (04/08)

The sketch below only required for water well.	The sketch	below	only	required	for	water	wells
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If well telescopes,	show	depths	on	sketch.
Ground Level		7		

## 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 dist	Ground Level	15
while clay	15	35
white sad	-35	70
while clay	70	82
while clay	82	170

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

Sketch the property layout and include the followin aid in locating the well; 3) any roads, 4) a north arrow.	ng: 1) the well location; 2) any permanent strupower lines, or other items that may aid in lo	uctures on the property that may ocating the property and the well;
117		
	house	
shed		V
OS VEVI	\$	
00	E	
	3	
Landowner Name: Tolan Noel		Form: Of WR-SWR-14 (04/0)

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

Print Name of Responsible Licensee and License No.

laws.

SEP 0 8 2009

BY: OLWR

## STATE WELL REPORT

## Part 2

County: Norswall

Driller: Jers w. Majar

Copy information from block on Part 1

Date completed:  $\frac{\partial^2 - \gamma - \partial \gamma}{\partial x}$ 

Permit #: \_\_\_

Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210

(601)961-5228 (fax)

Aquifer: Well #:	For Office Use Only:			
Well #:	Aquifer:			
Elevation:	Well #: A86			

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 Department a	t the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: John Noel  Mailing Address: 239 30bwhte  Byholia M 36611  City State Zip Code  Telephone No. (662) 851-3497	Latitude: 34-57.645 Longitude: 89.36.256  Method of Lat/Long (check one): Conventional Survey,  USGS quad, Hand-held GPSSurvey-grade GPS  NE 1/4 NE 1/4 Sec 34 T 13 R 4\w  Distance Direction Nearest Town  1/2 Miles NE of Conce
Pump Type	Power Type

	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):		<u></u>	Horse Power Ratin	g of Motor:	<u>~</u>
Date Pump Installed:	8-7-09		Setting Depth:	120	feet
Rated Pump Capacity	: <u>20</u>	Gallons Per Minute	Number of Stages:	11	

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 8-7-09  Static Water Level (A): 70 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape  Other (specify): 5 tring / 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: <u>QO</u> Gallons Per Minute  Duration of Pump Test (minimum 4 hours): <u>GY</u> hours	Well yieldedGPM with a drawdown offeet afterhours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
Jan W. Mose 0-620	gas w. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
The state of the s	Form: OLV/P_SW/P_1B (04/08)

RECEIVED

SEP 0 8 2009

BY: OLWR