

State Well Report

Part 1 - Driller's Log

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)

County: Marshall
 Permit #: _____
 Driller: James W. Moser
 Date drilling completed: 10-2-12

For Office Use Only:

Aquifer: _____
 Well #: E267
 L. S. Elevation: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Nola Hall</u>	Latitude: <u>34° 52' 29.88"</u> Longitude: <u>89° 34' 46.12"</u>
Mailing Address: <u>2211 Moore rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
City: <u>fed boats MS 38661</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
State: <u>MS</u> Zip Code: <u>38661</u>	<u>NW 1/4 NW 1/4 Sec 36 Twn 2S Rng 4W</u>
Telephone No. <u>(662) 252-1401</u>	Distance: <u>2.18</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Victoria</u>

Well / Borehole Data

Date drilling started: 10-2-12 Date drilling completed: 10-2-12 Hole depth: 155' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): NA

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) NA

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 NA Other (describe) _____

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 10-3-12

Method of Measurement (circle one) steel tape electric tape air line other: string weight

Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: 010 inches Setting depth: From 145 feet to 155 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): NA

Top of lap pipe or reduction in casing: NA feet. ***If telescoped or more than one screen, describe on next page***

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

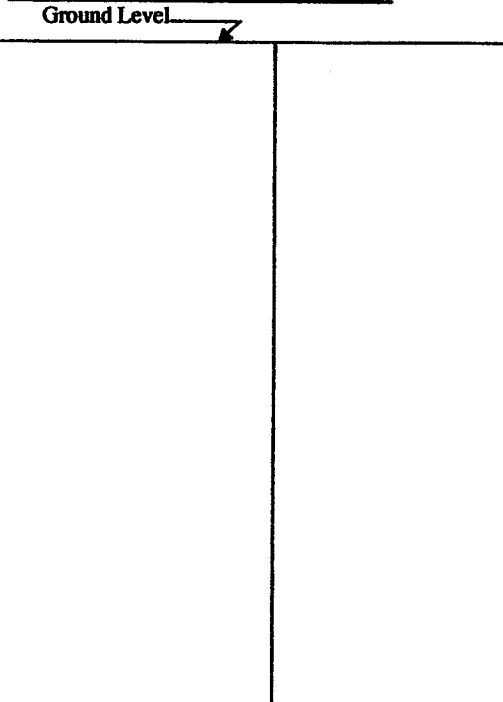
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OCT 31 2012

BY: OLWR

The sketch below only required for water wells

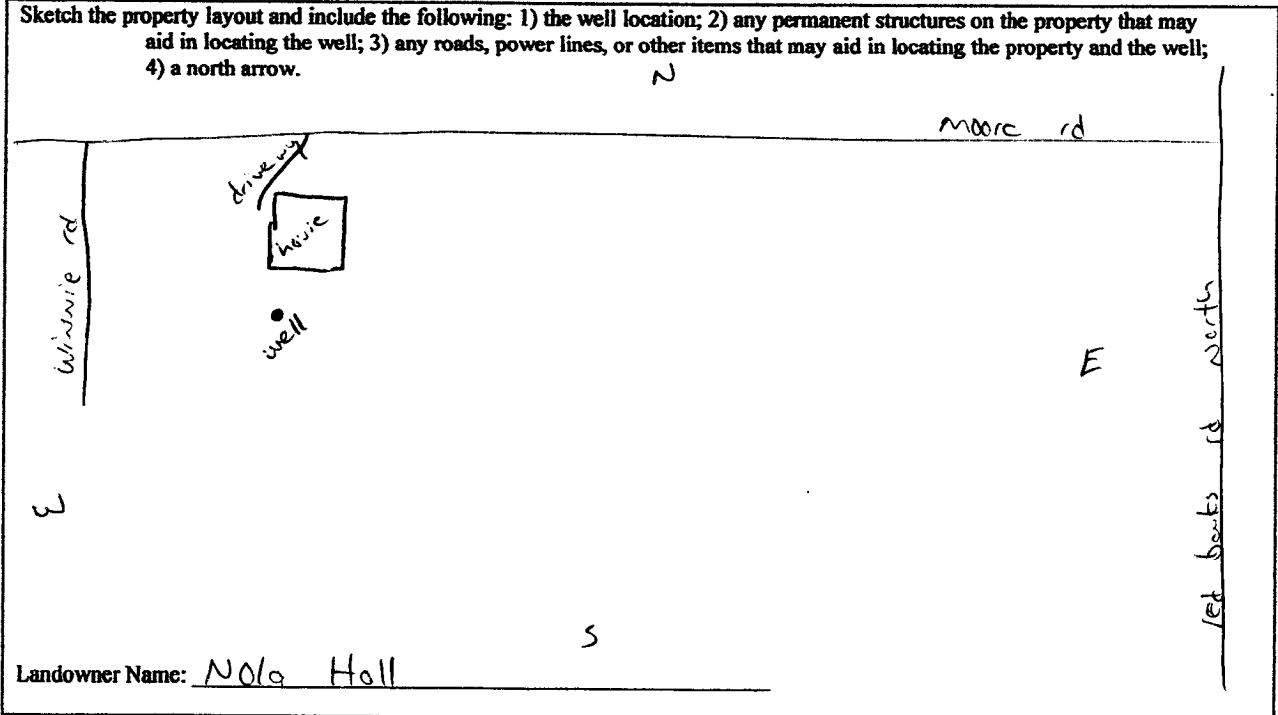
If well telescopes, show depths on sketch



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)
red sand	Ground Level	20
white sand	20	155

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



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

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.

Jess W. Mason 0-620
Print Name of Responsible Licensee and License No.

10-29-12
Date

Jess W. Mason
Signature of Licensee

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STATE WELL REPORT

Part 2

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)

County: Marshall
 Permit #: _____
 Driller: Jones W. Meason
 Date completed: 10-3-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E267
 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 filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Nola Hall</u>	Latitude: <u>34.5212989</u> Longitude: <u>89.344612</u>
Mailing Address: <u>2211 Moore rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>red boats</u> MS <u>38661</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 36 T 2S R 4W</u>
Telephone No. <u>(662) 252-1401</u>	Distance Direction Nearest Town
	<u>2 1/8</u> Miles <u>NE</u> of <u>Victoria</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-3-12</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-3-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>43</u> Feet Below Land Surface	Other (specify): <u>String / weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Meason 0-620 Jones W. Meason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-500 (10-04/05)

OCT 31 2012

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