	STATE WELL REPORT						
County: MArshall	Part 1	For Office Use Only:					
Permit #·	Driller's Log	Well #: 14:370					
Driller: Jones w. Mason	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:					
	P.O. Box 2309	E-Log #:					
Date drilling completed: <u>\\\\</u>	Jackson, MS 39225-2309 (601)961-5210						
	(601)360-0535 (fax)						
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.							
Well Owner Information	on Well or Bor	ehole Location					
(Landowner if borehole is not for a	Latitude JT 7648,25 Lo	Latitude: 34°46'48.35 Longitude: 89°40'33.97					
Owner Name: <u>Bobby</u> Thoma Mailing Address: <u>3966 huy</u>		e): Conventional Survey,					
	USGS quad, Hand-held (USGS quad, Hand-held GPS, Survey-grade GPS					
Bybalic ME	151/2	36 T 35 R 5w					
By Molice MS City State	$\frac{1}{2} \text{ Miles } \frac{1}{2} $						
Telephone No. (<u>ๆงเ</u>) <u>848-3</u> รว	8 (Distance) (Direction)	(Nearest Town)					
	Well / Borehole Data						
Logs run (<i>circle all applicable</i>): No log run Name of organization running log(s): Purpose of borehole (<i>circle one</i>): Water W Seismic	Geotechnical/Geological Investigation Survey Other (<i>describe</i>)	on Other: Ground Source Heat Pump					
If drilling is not relate	ed to water well construction, skip the remainder	of this block					
Purpose of Well (circle all applicable) (Ho	ome Industrial Public Supply Irrigation	Fish Culture					
	ion: Valve <u>via</u> Other (<i>describe</i>)						
nanc water Levet:toteet [a	above or below) and surface Date measured (circle one)	1:1 = 1.7 = 1.3					
Method of measurement (circle one): Stee	el tape Electric tape Air line Other (<i>describe</i>):	string (weight					
Well depth: 200 Well grouted to a de	epth of: <u>50</u> feet Type of grout (circle one):	Neat Cement Bentonite Mix					
	ng diameter: <u> </u>						
_	een diameter: <u> </u>	•					
creen slot size: <u>, 010</u> inches	Setting depth: From 80 feet to						
ype of completion (circle all applicable):	Gravel packed Underreamed Open hole	Natural Development					
کا احد (describe): المان الم							
Fop of lap pipe or reduction in casing:	-VA feet						
If telescone	ed or more than one screen, describe on next pag	re i					

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Form:	OLWR	-SWR-1A	(4/13)

County:	Marshall
-	

Permit #: _

The sketch below only required for water wells

For Office Use Only:

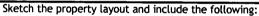
Well #: ____H 376

If well telescopes, show depths on sketch.

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

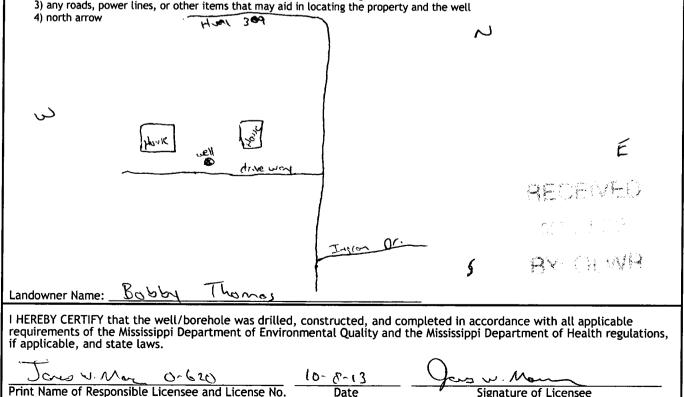
Description of Formations Encountered	From (depth)	To (depth)
cley dift	Ground level	15
red soud	15	30
clay dift red soud white soud	30	900
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1911		
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If more than one screen, show location of each on sketch



1) the well location

- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well



Date

Signature of Licensee

	STATE W	ELL REPORT			
County:		Part 2	For Office Use Only:		
Permit #:	Pump Installe	er's Completion Report nent of Environmental Quality	Well #:		
Driller: Janes w. Mason	Office of La	nd and Water Resources	weil #:		
Date completed: $9 - 11 - 13$.O. Box 2309 n, MS 39225-2309	Aquifer:		
Copy information from block on Part 1	(501)961-5210			
This part of the report must be completed) 360-0535 (fax)	en installer A conv of Dart 1		
of the report must be attached and both p	arts filed with the D	epartment at the above address w	ithin 30 days of well completion.		
Well Owner Information		Well Location			
Owner Name: Bobby Thomas		Latitude: <u>34 4648,25</u> Longitude: <u>8940733,97</u>			
Mailing Address: 3966 huy	309 S.	Method of Lat/Long (check one)	: Conventional Survey,		
		USGS quad, Hand-held GP			
Byhalia Ms City State	<u>38611</u> Zip Code	<u>SE 14 NE 14, Sec</u>	<u>36 T_35 R_500</u>		
Telephone No. (10) 848- 397		11 ని Miles <u>- న</u> ు of (Distance) (Direction)	Wortson Lenter		
			(ivearest rowin)		
Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: <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></u></u></u></u></u></u>			Gallons Per Minute		
Is This Pump (circle one): (New) Repa		e (circle one)			
Electric Diesel Gasoline Natural Gas		· ,			
Horse Power Rating of Motor:					
		or Non Flowing Well			
Date Well Tested:9~11~13		_	im 4 hours): マイ hours		
Static Water Level (A): <u>98</u> Feet B					
			GO Gallons Per Minute		
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: GO Gallons Per Minute Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String 1 weight					
meaned of measurement (circle one). Stee		a for Flowing Well	- March -		
Measured shut in head: <u>~いね</u> feet.	-	-			
Well yielded GPM with a dra	wdown of/A	feet_after]4 h	nours of pumping		
Meter Installation					
Meter Manufacturer: 🗾 🔊 🖓		Meter Serial Number:	NA		
Meter Model Number/Name: NA Type of Meter: NA					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by: ~ / A					
Is This Meter (circle one): New Repai					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Jones W. Maron O-6201 10-2013 Comman					
Dores W. Mosen O-620 10-8-13 Jess W. Mosen Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer					

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