County: Morshall Permit #: Driller: Jones w. Mason Date drilling completed: 9-35-14	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 39225-2309		For Office Use Only:    Well #:
State Law requires that this report Department at the above address w	(60) be prepared by the	mpletion of drilling of the well of	or borehole.
Well Owner Information (Landowner if borehole is not for a water well) Owner Name: Helen Stewart		Latitude: <u>34 4653,01 ル</u> Lor	ngitude: <u>89°42′00,80 ພ</u> ?): Conventional Survey,
Byhalia MS City State Telephone No. (662) 295- 29	3 8611 Zip Code		<u>35/ T 35/ R Sw</u> f watson
	Well / B	orehole Data	
	vater used for drilling a un Electric Game A LA Well Geotechni ic Survey Other	ng: <u>VIA</u> nd development: <u>5 ppm</u> na Ray Density Sonic Neutro	on Other: Ground Source Heat Pump
Purpose of Well ( <i>circle all applicable</i> ): Other ( <i>describe</i> ):	ation: Valve <u>ا</u> مان	مع Other ( <i>describe</i> )	۱۸
Method of measurement ( <i>circle one</i> ): S Well depth: <u>140</u> Well grouted to a Casing length: <u>130</u> feet Ca Screen length: <u>10</u> feet S Screen slot size: <u><math>c</math> 210</u> inches Type of completion ( <i>circle all applicable</i> Other ( <i>describe</i> ): <u>(ascentered</u> )	iteel tape Electric depth of: <u>10</u> asing diameter: icreen diameter: Setting depth e): Gravel packed	tape Air line Other ( <i>describe</i> ) feet Type of grout ( <i>circle one</i> ): <u>リ</u> inches Type of o <u></u> inches Type of From <u>130</u> feet to Underreamed Open hole	: <u>String</u> weight : Neat Cement Bentonite Mix casing: <u><u>proc</u> screen: <u><u>proc</u> <u>140</u> feet Natural Development EVE</u></u>
Top of lap pipe or reduction in casing:	feet	one screen, describe on next pa	

\$

			4/4 21
Form:	OLWK-	SWR-1A (	(47 13)

County:	Marshall
---------	----------

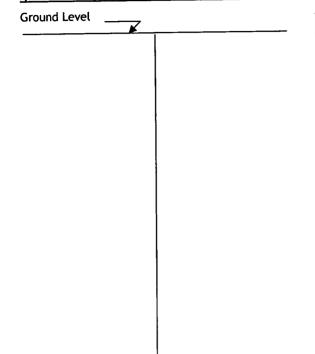
Permit #: \_

## The sketch below only required for water wells

For Office <b>U</b>	Use Only:
---------------------	-----------

Well #: \_\_\_\_\_H374

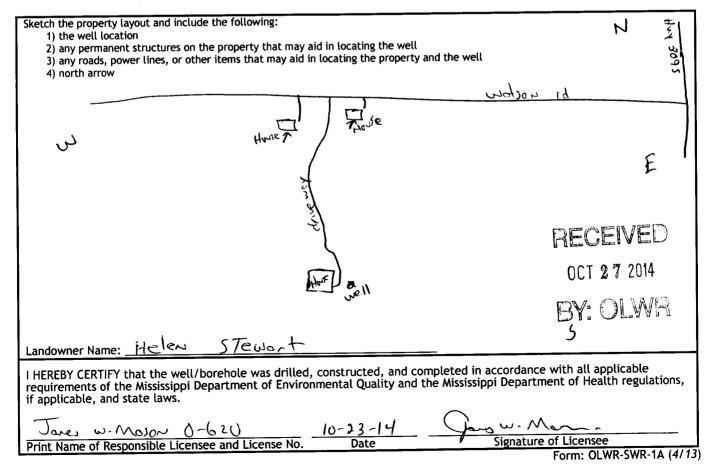
If well telescopes, show depths on sketch.



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 dict	Ground level	10
clay dist (cd soud white soud	10	30
while soud	32	140
· · · · · · · · · · · · · · · · · · ·		
	1	
	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·

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



STATE WELL REPORT					
County: Mars hall		Part 2	For Office Use Only:		
Permit #:		r's Completion Report nent of Environmental Quality	Well #:H 3:144		
Driller: Janes w. Mason		nd and Water Resources	well #:		
Date completed: 9-25-14		.O. Box 2309 n, MS 39225-2309	Aquifer:		
Copy information from block on Part 1	((	501)961-5210			
	•	) 360-0535 (fax)			
This part of the report must be complete of the report must be attached and both	d by a licensed water parts filed with the L	well contractor or a licensed pur Department at the above address w	mp installer. A copy of Part 1 vithin 30 days of well completion.		
Well Owner Informati			ocation		
Owner Name: Itelen Stewa	Owner Name: Helen Stewart Latitude: 34°46'57.01 NLongitude: 89°47'00,00 W				
Mailing Address: 379 watso		Method of Lat/Long (check one	): Conventional Survey,		
		USGS quad, Hand-held G			
Byhalia MJ City State	38611	SW 1/ NE 1/4. Sec	35 T 35 R 5W		
	•		r_watson		
Telephone No. (662) 295 - 79	<u>. 73</u>	(Distance) (Direction)	(Nearest Town)		
	Pump Ty	oe (circle one)			
Submersible Turbine Air Lift Centrif	ugal Flowing Well	Jet Piston Rotary Other (de	scribe):		
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>ч                                    </u>	Rated Pump Capacity:	O Gallons Per Minute		
Is This Pump (circle one): (New )Rep	baired Replaceme	nt			
	Power Ty	pe (circle one)			
Electric Diesel Gasoline Natural Gas					
Horse Power Rating of Motor: $3/4$	Setting Dept	h: <u>100</u> feet Number	of Stages:		
	Pump Test Data	for Non Flowing Well			
Date Well Tested: <u>9-75-14</u>		Duration of Pump Test (minim	um 4 hours): _ <u> </u>		
Static Water Level (A): <u>70</u> Fee	t Below Land Surface	Pumping Water Level (B):	N/A Feet Below Land Surface		
Drawdown [(B) - (A)]:	Feet Below Land Surf	ace Test Pumping Rate:	i し Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5tring weight					
Pump Test Data for Flowing Well					
Measured shut in head:feet					
Well yielded GPM with a c	lrawdown ofุ่ง(	Afeet_after_ <u></u>	hours of pumping		
Meter Installation					
Meter Manufacturer:ノー		Meter Serial Number:	NIA		
Meter Manufacturer: レーン Meter Model Number/Name:ノビ	<b>\</b>	Type of Meter:	NIA		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): / /4 Installation Date: / /2 Meter installed by: //4 Installation Date: / /2 Meter installed by: //4					
Installation Date:	Meter installed by:	NIA			
Is This Meter (circle one): New Re	paired Replaceme	nt	NEVENCE		
Important: By submitting the above information you are certifying that this meter was installed to manufator and the second state of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above states	nents are true to the	e best of my knowledge.	BY: OLWA		
		$\sim$			
Jane, w. Mejor Or Print Name of Pump Installer and Licens	se No. (if applicable)	$\frac{(0-2)^{-1}}{\text{Date}} \qquad $	ture of Pump Installer		

.,

.