	STATE	WELL REPORT	378		
County: Marshall	Part 1		For Office Use Only:		
Permit #:	Driller's Log		Well #:		
Driller: Jeves w. Mason	Mississippi Department of Environmental Quality		Aquifer:		
		and and Water Resources P.O. Box 2309	E-Log #:		
Date drilling completed: 9-17-18		on, MS 39225-2309	L L05 // .		
		601)961-5210 1)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 Informatio			hole Location		
(Landowner if borehole is not for a water well)		Latitude: <u>34 49 61.37 Longitude: 89 40 73, 92 W</u>			
Owner Name: Lula Gadd	7				
_		Method of Lat/Long (check one			
		USGS quad, Hand-held G			
Byhalia MS City State	32611	NE 1/4 SE 1/4, Sec_	<u>13 * T 35 R 5い*</u>		
		3/4 Miles SE of			
Telephone No. (201) 351-60	18	(Distance) (Direction)	(Nearest Town)		
		L			
Well / Borehole Data Date drilling started: $9 - 17 - 18$ Date drilling started: $9 - 17 - 18$ Date drilling started: $9 - 17 - 18$					
Location of the source of any surface wa	ater used for drillin				
Method of dosing and volume of Chloring	e used in drilling a	nd development: <u> </u>	nd grede		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):	NG				
Purpose of borehole (circle one) Water			Ground Source Heat Pump		
Seismie	c Survey Other ((describe) NIA	a construction of the second		
If drilling is not rela	ted to water well c	onstruction, skip the remainder	of this block		
If drilling is not related to water well construction, skip the remainder of this block					
Other (describe): NK	·····				
If a flowing well, method of flow regulation: Valve NIA Other (describe)					
Static Water Level: feet [above or below] and surface Date measured: 9-17-18					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String lueight					
Well depth: 170 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>puc</u>					
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>					
Screen slot size: 010 inches Setting depth: From 150 feet to 170 feet					
Type of completion (circle all applicable). Gravel packed Underreamed Open hole Natural Development					
Other (<i>describe</i>): N\4					
Top of lap pipe or reduction in casing:feet					
	If telescoped or more than one screen, describe on next page				

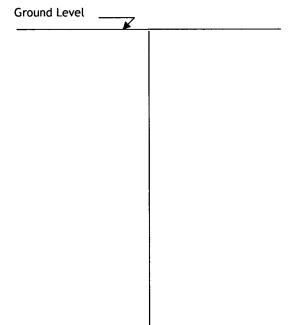
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County:	
Permit #:	

	For	Office	Use	Only:
Well	#:	14	39	۱

The sketch below only required for water wells

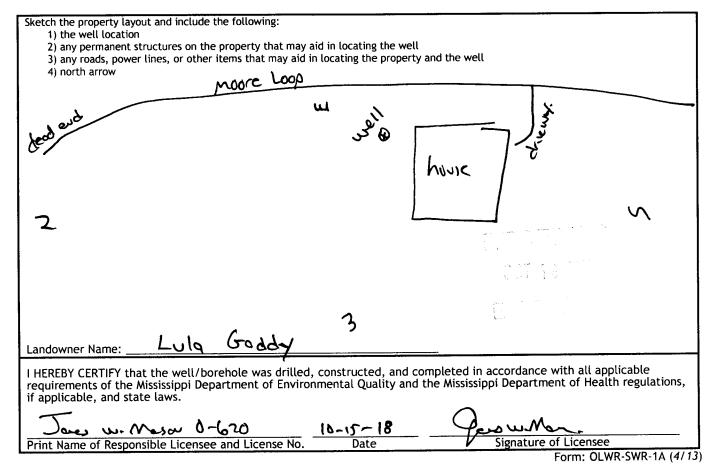
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (<i>depth</i>)	To (depth)
Clay dirt. red saud while saud	Ground level	10
red sand	10	35
while raid	35	170
_		
·		

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



STATE WELL REPORT			
County: Morshall	Part 2 For Office Use Only:		
Pump Installe	r's Completion Report		
Mississippi Departm	ent of Environmental Quality Well #:		
Pata completed: $\mathbf{G}_{12} = 1\partial$	O. Box 2309		
Juckso	n, MS 39225-2309 Aquifer: 01)961-5210		
	360-0535 (fax)		
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Lulo Gaddy	Latitude: 34 49 01.37 1 Longitude: 89 40 97.99 W		
Mailing Address: 745 Moore loop	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Byhalia MS 32611 City State Zip Code	$\underline{NE^{5E}}_{4} \underline{SE}_{4, \text{ Sec}} \underline{13}_{T} \underline{3S}_{R} \underline{Sw}$		
City State Zip Code	3/4 (Distance)MilesSE (Direction)of (Nearest Town)		
Telephone No. (101) 351-6010	(Distance) (Direction) (Nearest Town)		
Pump Typ	pe (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):		
Date Pump Installed: 9-17-18	Rated Pump Capacity: <u>l O</u> Gallons Per Minute		
Is This Pump (circle one): New Repaired Replacemen			
Power Ty	pe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):		
Horse Power Rating of Motor:	h: 100feet Number of Stages:		
	for Non Flowing Well		
Date Well Tested: 9-17-18	Date Well Tested: $9 - 1 - 18$ Duration of Pump Test (minimum 4 hours): 34 hours		
Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B): Feet Below Land Surface		
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>stay</u> <u>Leir</u>			
Pump Test Data for Flowing Well			
Measured shut in head:feet.			
Well yielded GPM with a drawdown of	feet after <u>J</u> hours of pumping		
Meter Installation			
Meter Manufacturer:	• • • • • • • • • • • • • • • • • • •		
Meter Model Number/Name:N A Type of Meter:N A			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):			
Installation Date: Meter installed by:			
Is This Meter (circle one): New Repaired Replacement			
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.Masa Orbo Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer			
Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer			

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