county: Morshall
Permit #:
Driller: James w. Masan
Date drilling completed: 2-1-16

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
(601)961-5210

(601)360-0535 (fax)

For Office Use Only:		
Well #: 354		
Aquifer:		
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.

Well Owner Information	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: <u>34 48'57・19"い</u> Longitude: <u>89°34'58・67"い</u>			
Owner Name: Tonny upohurch.	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 3 Aunt d				
	USGS quad, Hand-held GPS, Survey-grade GPS			
Holly Springs ms 38635 City State Zip Code	NE 1/4 NE 1/4, Sec 23 T 35 R 4W			
City State Zip Code	11/16 Miles Sw of red bats.			
Telephone No. (<u>66</u>) <u> </u>	(Distance) (Direction) (Nearest Town)			
	orehole Data			
Date drilling started: 7-1-16 Date drilling completed: 7-1-16 Hole depth: 162' Hole diameter: 7'				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and development: 5pm and greater				
Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other ((describe)			
If drilling is not related to water well co	onstruction, skip the remainder of this block			
Purpose of Well (circle all applicable) Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 110 feet [above or below] land surface Date measured: 7-1-16 (circle one)				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String Lucis Me				
Well depth: 163 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 142 feet Casing diameter: 4 inches Type of casing: 000				
Screen length:feet				
Screen slot size: • O 1 Oinches Setting depth:	: From 142 feet to 162 feet			
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development C			
Other (describe): NA				
Top of lap pipe or reduction in casing: feet	JUL 2 8 2016			
If telescoped or more than	one screen, describe on next page			

		TO COM TI	Ok
County:		For Office Use	Only:
?ermit #:		Well #:) 4
The sketch below only required for water wells	Description of formations en and boreholes, unless specifi	countered must be provided	d for all wells
If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Enco	untered From (depth) Ground level	To (depth) し
STOURING ZOTON	clay dirt	10	60
	Nock Clay	60	61
	Blue clay	61	1(0
	Rock	110	112
	while soud	112	162
l Lustian of each on skota	.h		
If more than one screen, show location of each on sketc			
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that m 3) any roads, power lines, or other items that may a	nay aid in locating the well aid in locating the property and the we	ell	
4) north arrow	1 8		
los tracA			
	/		
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(Jan V	Chreinery.		
Now N		7	
the	ne- 5	Poo	eived
<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nec	GIVEU
	Ser John To	JUL	2 8 2016
	€ m	Ry (OLWR
Landowner Name: Tommy Upchi	urch		
I HEREBY CERTIFY that the well/borehole was dril requirements of the Mississippi Department of En	lled, constructed, and completed	in accordance with all app sippi Department of Healt	licable h regulations,
requirements of the Mississippi Department of End if applicable, and state laws.	vironinental Quality and the Missis	orbbi pobar arrene a risare	- ,

7-25-16 0-650 Tore: W. Meion 0-620

Print Name of Responsible Licensee and License No.

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

STATE WELL REPORT

county: _

Permit #:

Driller: Joses w- Mason

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309

For Office Use Only:		
Well #: 354		
Aquifer:		

Date completed: Jacks Copy information from block on Part 1	P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)		
This part of the report must be completed by a licensed water	er well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Tonny upchurch	Latitude: 34 48 57,19" Longitude: 89° 34' 58.67" W		
Mailing Address: 33 Avout Cd	Method of Lat/Long (check one): Conventional Survey,		
Holl-1 Springs Ms 38635 City State Zip Code Telephone No. (663) 274-4520	USGS quad, Hand-held GPS, Survey-grade GPS NE		
Pump Ty	une (circle one)		
Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):			
	Rated Pump Capacity:(
Is This Pump (circle one): (New) Repaired Replaceme			
	ype (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Wi	ndmill Other (describe):		
Horse Power Rating of Motor:314 Setting Dep	oth: 140 feet Number of Stages: 8		
	a for Non Flowing Well		
Date Well Tested: 7 - 1 - 1 6 Duration of Pump Test (minimum 4 hours):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 Airline Other (describe): Stroy (weight		
Pump Test Da	ata for Flowing Well		
Measured shut in head: feet.			
Well yielded(OGPM with a drawdown ofA	feet after hours of pumping		
	Installation		
Meter Manufacturer: ル \ A			
	Type of Meter:		
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	al x 1000, etc):		
	N/A		
Is This Meter (circle one): New Repaired Replacem	nent		
Important: By submitting the above information you are a For agricultural wells, a list of a	certifying that this meter was installed to manufacturer standards. pproved meters is on the MDEQ website.		
I HEREBY CERTIFY that the above statements are true to t	he best of my knowledge.		
	JUL 2 8 20 6		
Joses w. Major 0-620	Pate Signature of Pump Installer		
Print Name of Pump Installer and License No. (if applicable	e) Date Signature of Pump Installer Form: OLWR/SWR-1B-(4/13)		