······	STATE WELL REPORT	· · · · · · · · · · · · · · · · · · ·			
County: Morshall	Part 1	For Office Use Only:			
Permit #:	Driller's Log	Well #: <u>M 75</u>			
Driller: Jones W. Mason Missis	sippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:			
Date drilling completed: $10 - 9 - 14$	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:			
	(601)961-5210				
	(601)360-0535 (fax)				
State Law requires that this report be prep Department at the above address within 3	pared by the license holder responsible for th O days of completion of drilling of the well o	he work and filed with the or borehole.			
Well Owner Information	Well or Bore	hole Location			
(Landowner if borehole is not for a wate Owner Name: <u>Harley</u> Stone	Latitude: $34^{\circ}43'52,33''$ Lon	2. Longitude: <u>89°41′33,30′′w</u>			
	Method of Lat/Long (check one)): Conventional Survey,			
Mailing Address: <u>44</u> Mors holl c	USGS quad, Hand-held Gi				
 2 + +:		14 T 45 R SW			
Byholia Ms City State	203.1				
Telephone No. (662) 316-0165	Zip Code $11/16$ Miles NE of (Distance) (Direction)	(Nearest Town)			
	Well / Borehole Data	1 1 21.			
Date drilling started: $(0 - 9 - 1)$ Date drilling		Hole diameter: Hole diameter:			
Location of the source of any surface water us	ed for drilling: الم				
Method of dosing and volume of Chlorine used in drilling and development: <u>Sprand greater</u>					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s): ひい	۸				
Purpose of borehole (circle one): (Water Well)	Geotechnical/Geological Investigation	Fround Source Heat Pump			
Seismic Surve	Other (<i>describe</i>)	······································			
If drilling is not related to v	vater well construction, 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 <u>NVA</u> Other (<i>describe</i>)					
Static Water Level:					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Steiger					
Well depth: 155 Well grouted to a depth of: (0) feet Type of grout (circle one): Neat Cement Bentonite, Mix					
Casing length: <u>145</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>psc</u>					
Screen length: <u>()</u> feet Screen diameter: <u>()</u> inches Type of screen: <u>)</u>					
Screen slot size: <u></u> inches Setting depth: From <u>145</u> feet to <u>155</u> feet Type of completion (<i>circle all applicable</i>) Gravel packed Underreamed Open hole Natural Development					
Type of completion (circle all applicable) Gravel packed Underreamed Open hole Natural Development					
Other (<i>describe</i>):NIANOV 0.7 2014					
Top of lap pipe or reduction in casing: <u>~ ~ (~</u> feet If telescoped or more than one screen, describe on next page BY: OLWR					
If telescoped or n	nore than one screen, describe on next page	DI. OFAIR			

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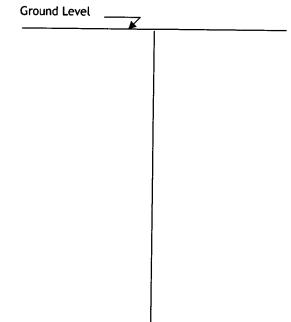
Form: OLWR-SWR-1A (4/13)

County:	 		. <u></u>
Permit #:		_	

For Office Use Only:
Well #: $1 \vee 1 + 1 \rightarrow 1$

The sketch below only required for water wells

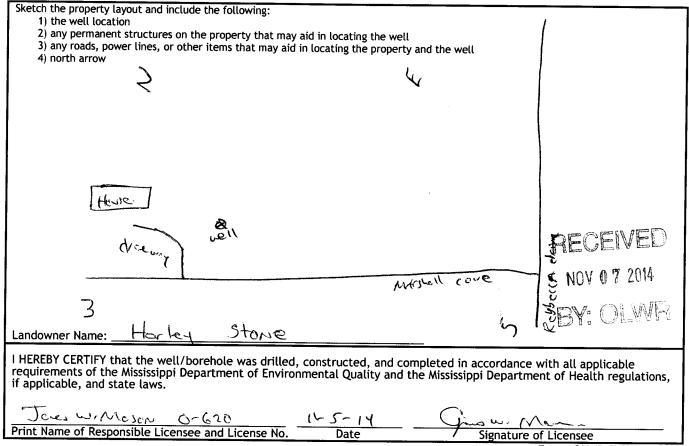
If well telescopes, show depths on sketch.



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)
clay dirt	Ground level	15
white clay gravel white clay white soud	15	35
grovel	35	42
white de-	42	65
white soud	65	155
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If more than one screen, show location of each on sketch



	STATE WEL	L REPORT				
County: Marchall		rt 2 Completion Report	For Office Use Only:			
Permit #: Driller: Jaces w. Masen	Mississippi Department	of Environmental Quality	Well #: <u>M95</u>			
Date completed: $\frac{10-9-14}{2}$	Office of Land ar P.O. B					
<u>Copy information from block on Part 1</u>		S 39225-2309 61-5210	Aquifer:			
		-0535 (fax)	·			
This part of the report must be complete of the report must be attached and both	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 Informati	on	Well L	ocation			
Owner Name: Harley Stone	Lati	tude: <u>34°43′53,33N</u> Lon	gitude: <u>89° 41'33,30 " w</u>			
Mailing Address: 44 marce	Method of Lat/Long (check one)		: Conventional Survey,			
	USG		PS, Survey-grade GPS			
Byhalia MJ City State	$\frac{38611}{7in Code}$	<u>14 SE 14, Sec_</u>	14 T 45 R SW			
Telephone No. (662) - 216 - 0165		$\frac{116}{116}$ Miles <u>NE</u> of	(Nearest Town)			
			(Nearest Town)			
Submarship Studing Air Life Court	Pump Type (c					
Submersible Turbine Air Lift Centrifu						
Date Pump Installed: $10 - 9 - 14$ Is This Pump (circle one): New Rep		Pump Capacity:10	Gallons Per Minute			
is this Pullip (circle one): (New) Rep	Power Type (c	ircle one)				
Electric Diesel Gasoline Natural Gas		•				
Horse Power Rating of Motor: $3/4$	Setting Depth:	100 feet Number	of Stages:8			
	Pump Test Data for N					
Date Well Tested: 10-9-14	Dura	ation of Pump Test (minimu	im 4 hours): _ うくhours			
Static Water Level (A): <u>70</u> Feet						
Drawdown [(B) - (A)]:F						
Method of measurement (circle one): Ste						
	Pump Test Data for	Flowing Well				
Measured shut in head: $N \wedge feet$.						
Well yielded(\)GPM with a dr	awdown of <u>NM</u>	_feet_afterH	nours of pumping			
Meter Installation						
Meter Manufacturer:N						
Meter Model Number/Name:N		Type of Meter:	N/A			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):						
Installation Date:N A Meter installed by:N A						
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. Mason 0-620 11-5-14 June W. Man BY: OLW						
Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer						

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