	STATE	WELL DEDODT	493		
County: Marshall	STATE WELL REPORT Part 1		For Office Use Only:		
,	Driller's Log		Well #: <u>N. 122</u>		
Permit #:		ment of Environmental Quality	Aquifer:		
_	Office of Land and Water Resources P.O. Box 2309		E-Log #:		
Date drilling completed: 10-10-18	Jackson, MS 39225-2309 (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 Informat		Well or Borehole Location			
(Landowner if borehole is not for	•	Latitude: 3491'45.63"N Longitude: 8993'1'05.81" W			
Owner Name: Startey M	Method of Lat/Long (check one		): Conventional Survey		
Mailing Address: 7 334 horo					
		USGS quad, Hand-held G			
Holly sovings ms	38635	NE SE 14, Sec_	31/ T 45 R 4w		
Holly springs ms City State		114 Miles Sw or	(Nearest Town)		
Telephone No. (901) 606 - 25	90	(Distance) (Direction)	(Nearest Town)		
Well / Borehole Data					
Date drilling started: <u>(のへ(るっ(る</u> Date			Hole diameter: 2"		
Location of the source of any surface v	vater used for drillir	ng: N/A			
Method of dosing and volume of Chlorine used in drilling and development: 50 pm and 9100 les					
Logs run (circle all applicable): No log r					
Name of organization running log(s):	NV				
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 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 \_\_\_\_\_ Other (describe) \_\_\_\_

Casing length: 200 feet

Screen length: \_\_\_\_\_ <del>O</del>O\_\_\_\_feet

Other (describe):

Screen slot size: \_\_\_\_\_inches

Top of lap pipe or reduction in casing: \_\_\_

Type of completion (circle all applicable). Gravel packed

Static Water Level: \_\_\_\_\_feet [above or below] land surface Date measured: \_\_\_\_\_\_(0-10-18)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Stry weight

Casing diameter: \_\_\_\_\_\_ inches

Screen diameter: \_\_\_

~ V<sup>≯</sup>\_feet

Well depth: 30 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

If telescoped or more than one screen, describe on next page

\_\_\_inches

Underreamed

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

Natural Development

Open hole

County:		For Office Use	· I
Permit #:		Well #:	
The sketch below only required for water wells	<u>Description of formations enc</u> and boreholes, unless specific		
If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encou	Intered From (depth)  Ground level	To (depth)
	cley dist	30	70
	while clay	70	140
	while send	140	220
			<del></del>
If more than one screen, show location of each on sketch			
That he had a specific love the and include the following			
ketch the property layout and include the following:  1) the well location	1		
<ol> <li>any permanent structures on the property that may</li> <li>any roads, power lines, or other items that may aid</li> </ol>	aid in locating the well		
4) north arrow	I'm todating the property and the west	· • *** *** **** **** • *** *** ***	# * * * ;
		and the second of the second o	
	1		
		Section 1997 - Section 1997	
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N. 11	0		
S	<b>K</b> 57 309		
347	13		
andowner Name: 5towled Muses			
HEREBY CERTIFY that the well/borehole was drille equirements of the Mississippi Department of Envir f applicable, and state laws.	d, constructed, and completed in onmental Quality and the Mississi	accordance with all appl ppi Department of Health	icable regulations,
7	11.2 12	^ ^	
Print Name of Responsible Licensee and License No.	11-3-18 Je	Signature of Licenses	
THE Name of Kesponsible Licensee and License No.	Date /	Signature of Licensee Form: OI WE	R-SWR-1A (4/

## STATE WELL REPORT

## County: Marshall Permit #: \_\_ Driller: Joes W. Moson

## Part 2

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

For Office Use Only:		
Well #: N122		
Aquifer:		

	Jackson, MS 39225-2309 Aquiter:				
Copy information from block on Part 1	(601)961-5210				
	(601) 360-0535 (fax)				
This part of the report must be completed by a licensed word of the report must be attached and both parts filed with the	water well contractor or a licensed pump installer. A copy of Part 1 the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Stouley Moses	Latitude: $\frac{34^\circ 41^\prime 45.63^\circ N}{}$ Longitude: $\frac{89^\circ 39^\prime 05.81^{\prime\prime} \omega}{}$				
Mailing Address: 7334 hwy 3095	_ Method of Lat/Long (check one): Conventional Survey,				
11 1 2 1 1 1 1 1 2 2 2 2 3 3 1 1 1	USGS quad, Hand-held GPS, Survey-grade GPS				
Holly Springs MS 38635 City State Zip Code	NE 5/4 NE 14, Sec 31 T 45 R YW				
City State Zip Code	1/14 Miles   Sw   Of Orior   (Nearest Town)				
Telephone No. (901) 606 - 2590	(Distance) (Direction) (Nearest Town)				
Pump	Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing W	Vell Jet Piston Rotary Other (describe):				
Date Pump Installed: 10-10-18 Rated Pump Capacity: 10 Gallons Per Minute					
Is This Pump (circle one): (New Repaired Replace					
	r Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO					
Horse Power Rating of Motor: Setting	Depth:feet Number of Stages:				
Pump Test I	Data for Non Flowing Well				
Date Well Tested: 10-10-18 Duration of Pump Test (minimum 4 hours): 24 hours					
Static Water Level (A): 155 Feet Below Land Surface Pumping Water Level (B): 155 Feet Below Land Surface					
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute					
	tric tape Air line Other (describe): Stray (weight				
Pump Tes	st Data for Flowing Well				
Measured shut in head: <u>ドル</u> feet.					
Well yielded ()GPM with a drawdown of	11 feet after 24 hours of pumping				
	eter Installation				
Meter Manufacturer: ~\( \( \lambda \) (4	Meter Serial Number: N14				
Meter Model Number/Name: いん	Type of Meter: VA RECEIVED				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: ~ ~ \n Meter installed by: _ ~ \n (A					
Is This Meter (circle one): New Repaired Repla	acement				
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. Major 0-620	(1-5-10 Jes willow,				

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Janes W. Major 0-620	11-3-16	Ger w. Man.		
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer		

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