			456	
	J STATE V	VELL REPORT	For Office Use Only:	
County: Marshall	Dr	Part 1 iller's Log	Well #: <u>N123</u>	
Permit #:	Mississippi Departm	ent of Environmental Quality	Aquifer:	
Driller: Jones W. Masen		d and Water Resources O. Box 2309	E-Log #:	
Date drilling completed: $\frac{5 \cdot 3 \cdot 3 \cdot 3 \cdot 3}{5 \cdot 3 \cdot $	Jackso	n, MS 39225-2309	L-Log #	
	•	01)961-5210)360-0535 (fax)		
State Law requires that this repo Department at the above address	rt be prepared by the l	icense holder responsible for t	he work and filed with the or borehole.	
Well Owner Informa			hole Location	
(Landowner if borehole is not fo		Latitude: 34 4/1/1.12" ~ Longitude: 89 39 03.46 "W		
Owner Name: Janic Nic	holson			
Mailing Address:	2P05 1W		e): Conventional Survey,	
		USGS quad, Hand-held G	PS, Survey-grade GPS	
	386.35	Nor 14 Atos 14, Sec.	$\frac{5^{32}}{5^{32}}$ T $\frac{4^{5}}{5^{8}}$ R $\frac{1}{5^{10}}$	
Holly Springs MS City State	Zip Code	21/16_Miles_5_0		
Telephone No. (667) 564-20		(Distance) (Direction)		
Method of dosing and volume of Chlo Logs run (circle all applicable): No log				
Name of organization running log(s):	NA			
Purpose of borehole (circle one): Wat	ter Well Geotechnie	cal/Geological Investigation	Ground Source Heat Pump	
Sei	smic Survey Other (describe) <u>へい</u>	 	
	-	onstruction, skip the remainde	r of this block	
Purpose of Well (circle all applicable			Fish Culture	
Other (describe):N\+				
If a flowing well, method of flow reg	gulation: Valve	A Other (describe)	1/A	
Static Water Level:f	eet [above or below (circle one)] land surface Date measure	ed: <u>8-32-18</u>	
Method of measurement (circle one)	: Steel tape Electric	ape Air line Other (describe): string [weight	
Well depth: 300 Well grouted to	o a depth of: 50 f	eet Type of grout (circle one)	: Neat Cement Bentonite Mix	
Casing length: 180 feet			•	
Screen length:feet	Screen diameter:	4inches Type of	f screen: _pul	
Screen slot size: <u>, 010</u> inch	es Setting depth:	From <u>180</u> feet 1	to <u>700</u> feet	
Type of completion (circle all applic				
Other (describe): V				
Top of lap pipe or reduction in casi				
		one screen, describe on next p	age	

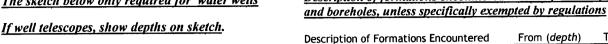
County:	
Permit #:	·

Ground Level

For	Office	Use	Only:
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Well #: NI23

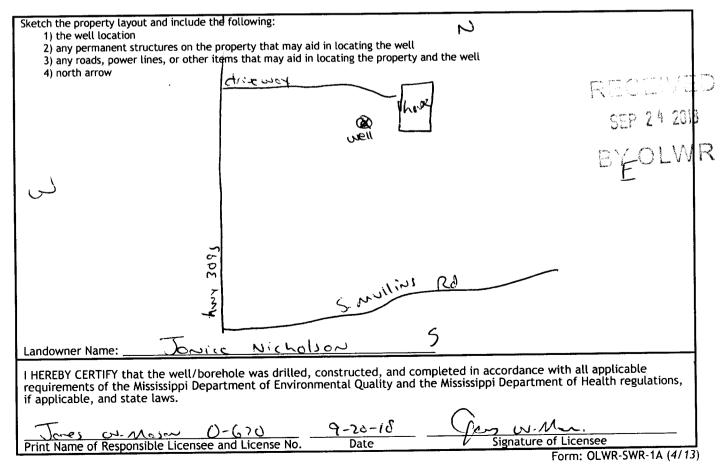
The sketch below only required for water wells



Description of Formations Encountered	From (depth)	To (depth)
Cley dirt	Ground level	15
(ed send	15	30
while day	30	45
While saud	45	85
while cley while sand	85	87
while sand	87	300

Description of formations encountered must be provided for all wells

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



	STATE W	ELL REPORT			
County: Marshall		Part 2	For Office Use Only:		
Describ #	Pump Installer's Completion Report				
Driller: Joe, w-Main	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #:3		
Date completed: $\delta - \partial \partial - \delta \delta$.0. Box 2309	Aquifer:		
Copy information from block on Part 1		n, MS 39225-2309 501)961-5210			
	(601) 360-0535 (fax)			
This part of the report must be completed of the report must be attached and both p	by a licensed water	well contractor or a licensed pur Department at the above address w	np installer. A copy of Part 1 within 30 days of well completion.		
Of the report must be allached and bolk p Well Owner Informatio		Well L	ocation		
	Dwner Name: <u>Jonic Nicholso</u> Latitude: $34^{\circ}41^{\prime}11.6^{\circ}N$ Longitude: $89^{\circ}39'09.46^{\circ}W$				
Mailing Address: 7693 hwy		Method of Lat/Long (check one			
		USGS quad, Hand-held Gl	PS, Survey-grade GPS		
Helly Springs MS City State	<u>38635</u> Zip Code	New 540 1/4 Not 1/4, Sec_	<u>S 37 5545</u> R 4W		
Telephone No. (<u>667)</u> 564 - 203		(Distance) (Direction)	f <u>のrioN</u> (Nearest Town)		
		pe (circle one)			
Submersible Turbine Air Lift Centrifu			escribe):		
Date Pump Installed: $\underline{\mathcal{N}} \rightarrow \underline{\partial} - 1 \hat{\mathcal{V}}$					
			Ounons for ministry		
Is This Pump (circle one): (New) Rep		pe (circle one)			
Electric Diesel Gasoline Natural Gas	•	• •			
Horse Power Rating of Motor: $3/4$					
Date Well Tested: $3 - 33 - 15$	-	for Non Flowing Well	num 4 hours): <u>Ə</u> hours		
Static Water Level (A): 85 Feet			IO Gallons Per Minute		
Drawdown [(B) - (A)]:					
Method of measurement (circle one): Ste	eel tape Electric t	ape Air line Other (<i>describe</i>):	String weight for		
~!\A		ta for Flowing Well			
Measured shut in head: \underline{NW}_{feet} .		211			
Well yielded GPM with a d	rawdown of V	rfeet_after79	_hours of pumping		
		Installation			
Meter Manufacturer: ما لم					
Meter Model Number/Name:					
Totalizer Register Unit and Multiplier Fa	ictor (AF x .001, ga	l x 1000, etc):			
Installation Date: NIA	Meter installed by:	NIA			
Is This Meter (circle one): New Rep	oaired Replacem	ent			
Important: By submitting the above in For agricultu	formation you are c ral wells, a list of ap	eertifying that this meter was insta pproved meters is on the MDEQ w	alled to manufacturer standards. vebsite.		
I HEREBY CERTIFY that the above stater	nents are true to t	he best of my knowledge.			
		<u>^</u>			
Jones W. Majon O-	Se No (if applicable	$\frac{1-20-10'}{\text{Date}}$	ature of Pump Installer		

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