480	

County: Marshall
Permit #:
Driller: Joe, w. Mosen
Date drilling completed: $\frac{ 0-1 - 0 }{ 0-1 }$

Owner Name: _

Well Owner Information (Landowner if borehole is not for a water well)

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)

480			
For Office Use Only:			
Well #:			
Aquifer:			
E-Log #:			

Well or Borehole Location

Latitude: 34°38′03.X"N Longitude: 89°38′15.35"W

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.

Mailing Address: 850 Tylo (2)	Method of Lat/Long (check one): Conventional Survey,			
Matting Address. Ore 1 410 10	USGS quad, Hand-held GPS, Survey-grade GPS			
140 14 Springs	NW 1/4 SE 1/4, Sec 20 T 55 R YW I'ly Miles Sw of Chulchomes (Distance) (Direction) (Nearest Town)			
Well / Borehole Data Date drilling started: $10^{-11^{-1}\delta}$ Date drilling completed: $10^{-11^{-1}\delta}$ Hole depth: $10^{-11^{-1}\delta}$ Hole diameter: $10^{-11^{-1}\delta}$				
Location of the source of any surface water used for drillir	ng: 🖊 t			
Method of dosing and volume of Chlorine used in drilling a	nd development: 50 ppn and scenler			
Logs run (circle all applicable): No log run Electric Gamn	na 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) ゃん				
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	I (A Other (describe)			
Static Water Level: 130 feet [above or below] land surface Date measured: 10-11-18				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5100 (veight				
Well depth: 360 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: $\frac{940}{}$ feet Casing diameter: $\frac{9}{}$ inches Type of casing: $\frac{990}{}$				
Screen length: <u> </u>				
Screen slot size: 010 inches Setting depth: From 340 feet to 360 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe): $\begin{picture}(1,0) \put(0,0){\line(1,0){100}} \put(0,0$				
Top of lap pipe or reduction in casing: <u>へか</u> feet				
If telescoped or more than one screen, describe on next page				

etch below only required for water wells telescopes, show depths on sketch.		Well #:		
telescopes, show depths on sketch.			RTC	
	Description of formations and boreholes, unless spec			
Level	Description of Formations En	countered	From (depth) Ground level	To (depth)
	-clay dict.			25
·	red sound		97-	60
	while soud		60	85
	White clay		82	100
	while said		100	<u> </u>
	while clay		200	210
	while sound		200	360
than one screen, show location of each on sketc	···			
ne property layout and include the following: he well location ny permanent structures on the property that m ny roads, power lines, or other items that may a	nay aid in locating the well aid in locating the property and the v	vell		
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he well location ny permanent structures on the property that m ny roads, power lines, or other items that may a orth arrow	S Ave led, constructed, and completed	o (d-	ce with all appl	icable
ner Name: Twoseve Tree and Carter of the Mississippi Department of Enverse of the Mississippi Department of Enverse of the Worker of the Mississippi Department of Enverse on the property that may a sorth arrow that may be a sorth arrow th	S S Led, constructed, and completed rironmental Quality and the Missi	o (d-	ce with all appl tment of Health	icable

STATE WELL REPORT

Part 2

County: Marshall

Driller: Joes w. Mcson

Permit #:

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 #:			
Aquifer:			

Date completed:		.O. DOX 2307	Aquifer:	
Jackson, MS 39225-2309 Aquifer:				
(601) 360-0535 (fax)				
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 p	og a licensed water parts filed with the D	wen contractor or a ticensea p epartment at the above address	s within 30 days of well completion.	
Well Owner Information Well Location				
Dwner Name: Twosere Trannel Latitude: 343863,36" Longitude: 89°38'15,35" Whathout of Lat/Long (check one): Conventional Survey,				
Mailing Address: 850 Tyrord Method of Lat/Long (check one): Conventional Survey,				
USGS quad, Hand-held GPS_i_, Survey-grade GPS				
$\frac{\text{Holly Springs}}{\text{City}} \qquad \frac{35635}{\text{State}} \qquad \frac{1114}{\text{Springs}} \qquad \frac{35635}{\text{Code}} \qquad \frac{1114}{\text{Springs}} \qquad \frac{35635}{\text{Code}} \qquad \frac{1114}{\text{Springs}} \qquad \frac{35635}{\text{City}} \qquad \frac{35635}{\text{State}} \qquad \frac{35635}{\text{City}} \qquad \frac{35635}{\text{Code}} \qquad \frac{35635}{\text{City}} \qquad 356$				
City State Zip Code				
Telephone No. (<u>667</u>) <u>252 - 94</u>		(Distance) Miles (Disaction)	of <u>chulahong</u> (Nearest Town)	
retephone no. (305)		(Distance) (Direction)	(Nearest Town)	
	Pump Typ	oe (circle one)		
Submersible Turbine Air Lift Centrifu	gal Flowing Well	Jet Piston Rotary Other (a	describe):	
Date Pump Installed: 10-11-18			į	
\sim			Gattons Per Minute	
Is This Pump (circle one): (New) Rep	· · · · · · · · · · · · · · · · · · ·			
		oe (circle one)		
Electric Diesel Gasoline Natural Gas	Tractor PTO Wind	dmill Other (<i>describe</i>):		
Horse Power Rating of Motor:	Setting Dept	h: <u>160</u> feet Numbe	er of Stages:	
	Bump Tost Data	for Non Flouring Wall		
10-11-18	-	for Non Flowing Well	211	
Date Well Tested: $10-11-18$				
Static Water Level (A): 130 Feet			_	
Drawdown [(B) - (A)]:	eet Below Land Surf	ace Test Pumping Rate: _	Gallons Per Minute	
Method of measurement (circle one): Ste	eel tape Electric ta	pe Air line Other (describe)	: String lueight	
	Pump Test Dat	a for Flowing Well	Ţ	
Measured shut in head: $\sim V^{\uparrow}$ feet.				
Well yielded ()GPM with a di	Well yielded 10 GPM with a drawdown of feet after 34 hours of pumping			
Meter Installation				
Meter Manufacturer: Meter Serial Number: /4				
Meter Model Number/Name:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: Meter installed by:/ J				
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.				
Joes W. Mejon 0-620 117-18 Janu. Marca				

I	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
	Joes W. Mejon		113-18	Jan w. Marca	
L	Print Name of Pump Installer a	nd License No. (if applicable)	Date	Signature of Pump Installer	

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