	State Well Report	
		For Office Use Only:
County: Morshall	Part 1 – Driller's Log	For Onice Use Only.
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	M = 1
Driller: Jones w. Mason	P.O. Box 10631	Well #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 2-13-07	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

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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. Information on Well Owner Well or Borehole Location (Landowner if borehole is not for a water well) Latitude: 34.34, 349, Longitude: 87.29, 633, Owner Name Nanaleon Method of Lat/Long (circle one): Conventional Survey Mailing Address: 2730 old over USGS quad, Hand-held GPS, Survey-grade GPS SE1/4 Sec 10 Waterford M3 38685 $\frac{\text{Direction}}{\text{Miles}} \int \mathcal{O}$ Distance Nearest Town Molone Telephone No. (662) 252- 9384 Well / Borehole Data Date drilling started: 2-13-07 Date drilling completed: 2-13-07 Hole depth: 170' Hole diameter: 63/4' Location of the source of any surface water used for drilling: NA Method of dosing and volume of Chlorine used in drilling and development: NA Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): M Purpose of borehole (check one): Water Well U 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 (check one): Home 🗹 Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: ___ If a flowing well, method of flow regulation: Valve MA Other (describe) 105 feet above or below (circle one) land surface Date measured: 2-14-07 Static Water Level: Method of Measurement (circle one) steel tape electric tape air line other: string weight Well depth: 10' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: 160' feet Casing diameter: inches Type of casing: _____ C Screen length: 10 feet 4 Screen diameter: inches Type of screen: _____ Screen slot size: 000inches 160 170 Setting depth: From feet to feet

Top of lap pipe or reduction in casing: _______ feet. If telescoped or more than one screen, describe on next page

Other (describe):

Underreamed

MA

Telescoped Open hole

Type of completion (circle all applicable): Gravel packed

Form: OLWR-SWR-1A **RECEIVED** MAR 16 2007 BY: OLWB

Natural Development

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Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

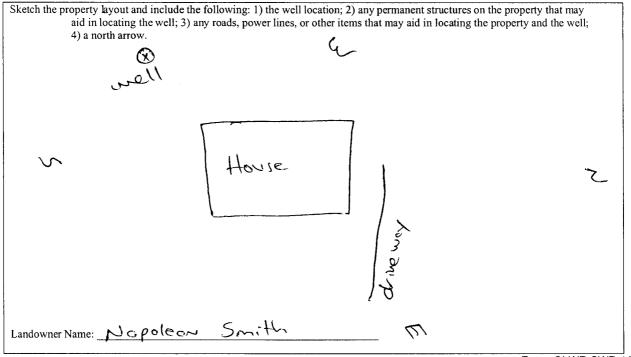
If well telescopes, show depths on sketch. Ground Level

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vel	Description of Formations Encountered	From (depth) To (depth)	
	clay dirt.	Ground Level	15
	red sand	15	22
	while soud	99	170.
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If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

MAR 15 2007

BY: OLWR

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws. James W. Moson 0-620 3-6-07

RE Signature of Licensee JEIVED

Print Name of Responsible Licensee and License No.

STATE WELL REPORT						
County: Morshall Permit #: Driller: Jacs w. Moror Date completed: Copy information from block on Part 1	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Qua Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer:			
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 Information Owner Name: Nopoleon Smith Mailing Address: 2730 old oxford rd. Waterford MS 38685 City State Zip Code Telephone No. 662, 252-9384		Well LocationLatitude: $34 \cdot 34 \cdot 349$ Longitude: $37 \cdot 633$ Method of Lat/Long (check one): Conventional Survey 38USGS quad, Hand-held GPS, Survey-grade GPSSE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 10 T $\frac{6}{5}$ R $\frac{3}{5}$ Distance Direction Nearest Town				
Pump Type Circle one		Power Type Circle one Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary Flowing Well Other (specify):		Windmill Other (specify): Horse Power Rating of Motor: 1 ' Setting Depth: 1 ' Number of Stages: 1 '				
Pump Test Data Date Well Tested: $2 - 14 - 07$ Static Water Level (A): $105^{}$ Feet Below Land Surface Pumping Water Level (B): $A^{}$ Feet Below Land Surface Drawdown [(B) - (A)]: $A^{}$ Feet Below Land Surface Test Pumping Rate: $20^{}$ Gallons Per Minute Duration of Pump Test (minimum 4 hours): $34^{}$ hours		Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Steing / weignt For flowing well, measured shut in head: MA feet Well yielded GPM with a drawdown of feet after				

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Torres</u>, <u>Mason</u>, <u>O-620</u> <u>Print Name of Pump Installer and License No. (if applicable)</u> For Electron For Electron BY: OLWR