<u>i i se se i i i i</u>	STATE WELL REPORT	345		
County: Tele	Part 1	For Office Use Only:		
Permit #:	Driller's Log	Well #:		
Driller: Jones W-Masco	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:		
	P.O. Box 2309	E-Log #:		
Date drilling completed: $10 - 4 - 10$	Jackson, MS 39225-2309			
	ے (601)961-5210 (601)360-0535 (fax)			
	t be prepared by the license holder responsible for the vertice of the second second second second second second			
Well Owner Informat	tion Well or Bore	hole Location		
(Landowner if borehole is not for	Latitude: 37 415 7.44 P Lor	Latitude: 34°41'57,44" Longitude: 89°55'24,98" Method of Lat/Long (check one): Conventional Survey,		
Owner Name: DENNIS M	orgon Hothod of Lat (Long (shock one			
Mailing Address: 101 ock /	nonor			
	USGS quad, Hand-held G	$\frac{34}{1-4s}$ R $\frac{7\omega}{1-4s}$		
roldwater ms	3 8618 NENW 4, Sec_	34 T 45 R 7W		
<u>Coldwater</u> <u>Ms</u> City State	Zip Code <u>3</u> Miles w o	f Antioch		
Telephone No. (901) 461-36	39 (Distance) (Direction)	(Nearest Town)		
	e drilling completed: $10-4-18$ Hole depth: 193			
Location of the source of any surface				
Method of dosing and volume of Chlori	ine used in drilling and development:	and specter		
	run Electric Gamma Ray Density Sonic Neutro			
	NIA	ind a sure is		
Purpose of borehole (circle one): Water		Ground Source Heat Pump		
	nic Survey Other (<i>describe</i>) <u>V</u>			
	lated to water well construction, skip the remainder	of this block		
Purpose of Well (circle all applicable):(Fish Culture RECE		
Other (describe):		OCT 3		
If a flowing well, method of flow regul	lation: Valve _ ハト Other (<i>describe</i>)			
Static Water Level:f 0 3fee	t [above or below] land surface Date measured (circle one)	1: 10-4-18 DIO		
Method of measurement (circle one): 9	Steel tape Electric tape Air line Other (<i>describe</i>)	: string / weight		
	a depth of: <u>50</u> feet Type of grout (<i>circle one</i>):			
Casing length: 175 feet C	asing diameter: <u> </u>	casing:PJC		
Screen length: <u>20</u> feet	Screen diameter: $\underline{\mathcal{Y}}_{,}$ inches Type of	screen:		
Screen slot size: $.010$ inches	Setting depth: Fromfeet to	0_ <u>195</u> feet		
Type of completion (circle all applicabl	(e): Gravel packed Underreamed Open hole	Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing:	feet			
	oned or more than one screen describe on next na	<i>aa</i>		

R

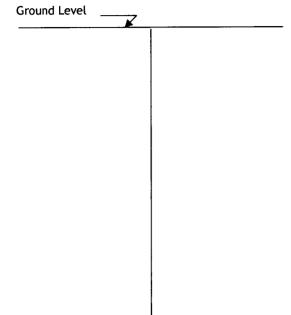
County:	
Permit #:	

For	Office	Use	Only :
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Well #: <u>B244</u>

The sketch below only required for water wells

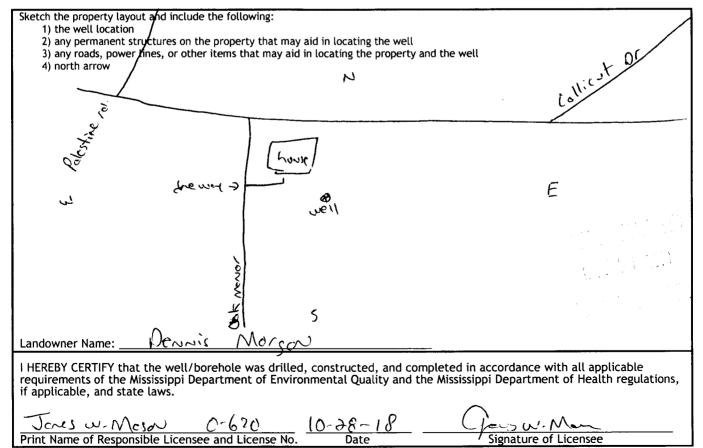
If well telescopes, show depths on sketch.



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

From (depth)	To (depth)
Ground level	15
15	60
60	90
90	140
140	180
180	195.
	Ground level 15 60 90 140

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



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

	STATE WI	ELL REPORT			
County: Tote		Part 2	For Office Use Only:		
Permit #:		's Completion Report ent of Environmental Quality	Well #:B244		
Driller: Joes w-Meson		d and Water Resources			
Date completed: $10 - 4 - 18$		D. Box 2309 , MS 39225-2309	Aquifer:		
Copy information from block on Part 1	(60	01)961-5210			
	(601)	360-0535 (fax)			
This part of the report must be completed of the report must be attached and both part					
Well Owner Information			ocation		
Owner Name: Dennis Nor	real	Latitude: 34°41'57,44" Lon	gitude: 89°55'24,98"		
Mailing Address: 101 ock Mc			eck one): Conventional Survey,		
	30618	USUS quad, Hand-neto G	PS <u>v</u> , Survey-grade GPS <u></u> <u>34</u> T <u>4S</u> R <u>7</u> w		
City State	Zip Code	<u>NE ¼ Do ¼, Sec</u>	0 1 col		
Coldwater MS City State Telephone No. (901) 461-36	39	<u>3</u> Miles <u>w</u> of (Distance)	$\frac{\mu n \pi \delta c n}{(\text{Nearest Town})}$		
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		e (circle one)			
Submersible Turbine Air Lift Centrifug					
Date Pump Installed: 10-4-15	Ra	ated Pump Capacity:	Gallons Per Minute		
Is This Pump (circle one): New Repa					
		e (circle one)			
Electric Diesel Gasoline Natural Gas			0		
Horse Power Rating of Motor: $3/1$	Setting Depth	: <u>120</u> feet Number	of Stages:O		
		or Non Flowing Well			
Date Well Tested:O- 4-18		Duration of Pump Test (minim	um 4 hours): $\underline{\rightarrow} \underline{4}$ hours		
Static Water Level (A): 103 Feet B	elow Land Surface	Pumping Water Level (B):	NIA Feet Below Land Surface		
Drawdown [(B) - (A)]: H	et Below Land Surfa	ce Test Pumping Rate:	0 Gallons Per Minute		
Method of measurement (circle one): Stee			1 1		
		for Flowing Well			
Measured shut in head: $ A M feet. $					
Well vielded LO GPM with a dra	wdown of NIA	feet after 24	hours of pumping		
Well yielded <u>10</u> GPM with a drawdown of <u>N(A</u> feet after <u>24</u> hours of pumping <u>RECEIV</u> ED Meter Installation					
Meter Manufacturer:A			NCT 31 2018		
Meter Model Number/Name:	1	Type of Meter:N	BYOLW		
Totalizer Register Unit and Multiplier Fact					
Installation Date: NA Me	eter installed by: $_$	Ula			
Is This Meter (circle one): New Repa	ired Replacemen	t			
Important: By submitting the above info For agricultura	rmation you are cert l wells, a list of appr	tifying that this meter was instal over the second se	led to manufacturer standards. ebsite.		
I HEREBY CERTIFY that the above stateme	ents are true to the	best of my knowledge.			
Jacs w. Meson 0-620 Print Name of Pump Installer and License) No. (if applicable)	Date Signat	w. // long		
and instance and Election	() applicable)	Juce Jugilat			

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