County: Desoto
Permit #:
Driller: Joses W. Mason-
Date drilling completed: 1-13-05

Well Driller Report and Well Log

Mississippi Department of Environmental Quality 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:	_
Well #: <u>D - 71</u>	_
L. S. Elevation:	_
E-log #:	

this report be prepared by the driller in detail and filed with the Department within

Downer Name South	30 days of completion of drilling of the well.	Well Location
Mailing Address: 13913 Cc_ter Or Soddle brock Sub- Soddle brock Sub- City State Zip Code Telephone No. (Pt) 870 - 5339 Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 113 - 05 Date well drilling started: 113 - 05 If flowing, method of flow regulation: Valve NA Other (describe) Static Water Level: 60 feet above or below (circle one) land surface Method of Measurement (circle one) steel tape electric tape air line other: String Lowers L	Well Owner Information	
Method of LavLong (circle one): Conventional Survey, State Size Size Size Size Size Size Size Siz	Owner Name Louis Daniono	Latitude: 34 • 49 ,934" Longitude: 07
Schelle brook Sub. Our Brook MS 38654 City State Zip Code Well Data Well Data Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 113.05 Date well drilling completed: 1.13.05 Static Water Level: GO feet above of below (circle one) land surface Method of Measurement (circle one) steel tape electric tape air line other: Strong well drilling completed: 1.13.05 Well grouted to a depth of feet Well grouted to a depth of feet Type of grout (circle one): Cement Bentonite Mix Casing length: 170 feet Casing diameter: 4 inches Type of screen: Puc Screen length: 10 feet Screen diameter: 4 inches Type of screen: Puc Screen slot size: 10 inches Setting depth: From 170 feet to (80 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: Feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): No log ruh Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Health regulations and state laws.	Mailing Address: 13913 Conter Dr.	Method of Lat/Long (circle one): Conventional Survey,
City State Zip Code State Zip Code State Zip Code Distance Dista		USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (201) 870 - 5339 Well Data Well Data Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started:		SE 1/3 SE 1/4 Sec 17 Twn S Rng Sw
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 1-13-05 Date well drilling completed: 1-13-05 If flowing, method of flow regulation: Valve NA Other (describe) Static Water Level: 60 feet above of below (circle one) land surface Date measured: 1-13-05 Method of Measurement (circle one) steel tape electric tape air line other: 180' Well depth: 180' Well grouted to a depth of feet Type of grout (circle one): Cement Bentonite Mix Casing length: 170' feet Casing diameter: 1 inches Type of casing: 10 feet Screen diameter: 1 inches Type of screen: 10 feet Screen length: 10 feet Screen diameter: 1 inches Type of screen: 10 feet Type of completion (circle all applicable): 10 feet Screen diameter: 10 feet to 10 feet Type of completion (circle all applicable): 10 feet Screen diameter: 10 feet If telescoped Open hole Natural Development Other (describe): 10 feet If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): 10 feet Gamma Ray Density Sonic Neutron Other: 10 feet If certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 1-13-05 Date well drilling completed: 1-13-05 If flowing, method of flow regulation: Valve NA Other (describe) Static Water Level: 6 feet above or below (circle one) land surface Method of Measurement (circle one) steel tape electric tape air line other: 5 from 100 feet Method of Measurement (circle one) steel tape electric tape air line other: 5 from 100 feet Type of grout (circle one): Cernent Bentonite Mix Casing length: 170 feet Casing diameter: 1 inches Type of casing: 100 feet Screen length: 100 feet Screen diameter: 100 feet of screen: 100 feet of		
Date well drilling completed:		
Date well drilling completed:	Purpose of Well (circle one) Home Industrial Public Suppl	y Irrigation Fish Culture Other:
If flowing, method of flow regulation: Valve NA Other (describe) Static Water Level: 60 feet above of below (circle one) land surface Date measured: 1-13-05 Method of Measurement (circle one) steel tape electric tape air line other: 51 feet Hole depth: 180' Well depth: 180' Well grouted to a depth of feet Type of grout (circle one): Cement Bentonite Mix Casing length: 170' feet Casing diameter: 4 inches Type of casing: 60 feet Screen length: 10 feet Screen diameter: 4 inches Type of screen: 60 feet Screen slot size: 60 inches Setting depth: 60 feet Underreamed Telescoped Open hole Natural Development Other (describe): 60 feet If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): 60 log run feet If telescoped or more than one screen, describe on back of page I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	1-13-05 D	ate well drilling completed:
Static Water Level:	Date well drilling started:	(describe)
Method of Measurement (circle one) steel tape electric tape air line other: Strace Town o	If flowing, method of flow regulation: Valve NA Oth	er (describe)
Hole depth:	Static Water Level:feet above on below (circle o	ne) land surface Date measured.
Hole depth:	Method of Measurement (circle one) steel tape electric	tape air line outci.
Casing length: 170 feet Casing diameter: 4 inches Type of casing. Screen length: 10 feet Screen diameter: 4 inches Type of screen: pcc Screen slot size: 700 inches Setting depth: From 170 feet to 60 feet Type of completion (circle all applicable): 6 Gravel packed 5 Underreamed 6 Telescoped 6 Open hole 7 Natural Development 7 Other (describe): 7 Top of lap pipe or reduction in casing: 6 feet. If telescoped or more than one screen, describe on back of page 7 Logs run (circle all applicable): 8 No log run 6 Electric 6 Gamma 8 Density 8 Sonic 8 Neutron 8 Other: 8 Name of organization running log(s): 8 Tertify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of 8 Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	Hole depth: 80 Well depth: 180	Well grouted to a depth of
Casing length: 170 feet Casing diameter: 4 inches Type of casing. Screen length: 10 feet Screen diameter: 4 inches Type of screen: pcc Screen slot size: 700 inches Setting depth: From 170 feet to 60 feet Type of completion (circle all applicable): 6 Gravel packed 5 Underreamed 6 Telescoped 6 Open hole 7 Natural Development 7 Other (describe): 7 Top of lap pipe or reduction in casing: 6 feet. If telescoped or more than one screen, describe on back of page 7 Logs run (circle all applicable): 8 No log run 6 Electric 6 Gamma 8 Density 8 Sonic 8 Neutron 8 Other: 8 Name of organization running log(s): 8 Tertify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of 8 Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	Type of grout (circle one): Cement Bentonite	
Screen slot size:	1 50' a Gring diameter:	inches Type of casing:
Screen slot size:	Screen length: 10 feet Screen diameter:	inches Type of screen:
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open note Natural Bevelopment Other (describe): Top of lap pipe or reduction in casing:	inches Setting depth: Fr	om feet to leet
Top of lap pipe or reduction in casing:	Type of completion (circle all applicable): Gravel packed	Inderreamed Telescoped Open note Ratural Bevelopment
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Jores w. Maso O-GDO Giornator	Other (describe): _	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Jores w. Maso O-GDO Giornator	feet.	If telescoped or more than one screen, describe on back of page
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Jores w. Maso O-G-O-G-O-G-O-G-O-G-O-G-O-G-O-G-O-G-O-G	Top of lap pipe or reduction in casing.	Descript Sonic Neutron Other:
Jones w. Masor O-620 Jones w. Masor O-620 Girature of Water Well Contractor		
Jones w. Masor O-620 Jones w. Masor O-620 Girature of Water Well Contractor	Name of organization running log(s):	e with all applicable requirements of the Mississippi Department of
Jones w. Mason 0-620 Gas w. Mason	I certify that the well was drilled, constructed, and complete in a longitude of the Mississippi Department of Health regul	ations and state laws.
Jones w. Masor O-620 Jones w. Masor Signature of Water Well Contractor	Environmental Quality and of the Massacrept	
Signature of Water Well Contractor	T Masse 0-620	Gas w. Mas
5 Weter Well Contractor and License Ivo.	Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

RECEIVED

FEB 15 2005 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level	17-91	

Description of Formations Encountered	From	To_
Clay dirt	0	20
grovel	30	6.0
white clay	60	75
while sound	75	110
while clay	110	140
white soud	140	130
		1
		1
		1
		4
		4
		+
		4
		+
		┼┤
	_	+
		+

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

	aid in locating the well; 3) any roads, 4) indicate direction.	g: 1) the well location; 2) any permanent power lines, or other items that may aid in	ii locating the property and and with
E		house	L
	Øwell		
	(enter	drive.	
andowner	Name: Lewis Don	iiano N	

Signature of Water Well Contractor

RECEIVED

FEB 1 5 2005

BY: OLWR

STATE WELL REPORT

County: Desoto Permit #: _____

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:	9
Aquifer:	
Well #: <u>D-9/</u>	
Elevation:	

	(601)961-5210 01)354-6938 (fax) Elevation:
This report should be prepared by the pump installer in installation of pump.	detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Lewis Daniano	Latitude: 34-49-934 Longitude: 090-02-124
Mailing Address: 13913 Conter drive	Method of Lat/Long (circle one): Conventional Survey,
Soddle brook Sub.	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE 14 SE 14 Sec 17 Twn 15 Rng 5w
City State Zip Code	Distance Direction Nearest Town
Telephone No. (99) 870-5339	21/4 Miles N of handy corner
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Other (specify):	Setting Depth:feet
Rated Pump Capacity: Gallons Per Minut	
Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: 1-13-05	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Feet Below Land Surfa	Other (specify):
Pumping Water Level (B): Peet Below Land Surface	ce
Drawdown [(B) - (A)]:Feet Below Land Surfa	, 9
Test Pumping Rate: Gallons Per Minu	
Duration of Pump Test (minimum 4 hours):hou	ars NA feet after Of hours of pumping
I HEREBY CERTIFY that the above statements are true to the	e best of my knowledge.
Jones W. Mason	you willow
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

FEB 1 5 2005 BY: OLWR