		ell Report	For Office Use Only:		
County: <u>Desoto</u>	Part 1 – D	riller's Log	Aguifer:		
	Mississippi Department	of Environmental Quality and Water Resources	Well #: D-114		
Permit #:	P.O. B	ox 10631			
Driller: Joses W. Moson.		S 39289-0631 61-5210	L. S. Elevation:		
Date drilling completed: 1-6-06	(601)354	-6938 (fax)	E-log #:		
			the work and filed with the		
State Law requires that this repo Department at the above addre	ort be prepared by the tice as within 30 days of comp	LELLUIT DI LEI MINISTER DI CONTROL			
Information on Wel	Owner	110000			
(Landowner if borehole is not		Latitude: 34 • 59 • 60	L" Longitude: 89. 44. 374"		
Owner Name Dovid Cour	i	Method of Lat/Long (circle o	L" Longitude: 89. 44. 374. ne): Conventional Survey,		
Mailing Address <u>Centerhill</u>	crossing.		i GPS, Survey-grade GPS		
	_	500 1/500 1/2 Sec 16	15Rng 5ω		
orive Brown A	AS 38654 State Zip Code	Distance Direction	Nearest Town of houdy corner		
Telephone No. (901) 870 - 6	631		of Neway Correc		
Totophone No. (Table)	Well / Bore	hole Data			
Date drilling started: (-6-% Date			Hole diameter: &'		
Location of the source of any surface w Method of dosing and volume of Chlo	nne used in drilling and deve				
Logs run (circle all applicable) No log Name of organization running log(s):_					
Purpose of borehole (check one): Wate	r Well Geotechnical/Geo	logical Investigation Grou	nd Source Heat Pump		
Seismic Survey Other (describe)					
Purpose of Well (check one): Home	Industrial Public Supp	lyIrrigation Fish Cultur	re Other:		
rangose of well (check one). The p	lation: Valve $\sim A$	Other (describe)			
If a flowing well, method of flow regulation: Valve A Other (describe) Static Water Level: 90 feet above of below (gircle one) land surface Date measured: 1 - 6 - 06					
Method of Measurement (circle one) steel tape electric tape air line other: String (weight					
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 160 feet	Casing diameter:	inches Type of casing	_ps(
Screen length: \(\) feet	Screen diameter:	inches Type of screen:	puc		
Screen slot size: , DIO incl	nes Setting depth: From	160 feet to	() o feet		
Type of completion (circle all applica					
Top of lap pipe or reduction in casing	:	telescoped or more than one s	creen, describe on next page		
Toh or inh hihr at the party of	_		Form: OLWR-SWR-1		

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25

70 90

99

130

140

170

From (depth) To (depth) Ground Level

25

90

92

140

130

Description of formations encountered must be provided for all

Description of Formations Encountered

clay

Soud

clor

Soud

clay

myle

white

white while

white

wells and boreholes, unless specifically exempted by regulations

If more than one screen, show location of each on sketch etch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow. (L) Compared to the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the property and the well; 4) a north arrow.						
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2	tetch the property layout and includation aid in locating the well;	e the following: 1) the well 3) any roads, power lines, o	location; 2) any peor other items that	rmanent structures on the may aid in locating the pro	property that may operty and the wel	l;
	7				ς.	'
	Landowner Name:	Couch.	3			
	certify that the well/borehole was d	rilled, constructed, and c nental Quality and the Mi	ompleted in accor	dance with all applicable	requirements of	f the
Form: OLWR-SWR-1A certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the						
Form: OLWR-SWR-1A certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the lississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state liss. Joes w. Mosar. 0620 1-16-00 gas w. Mosar.		ATT No.	late	Signature of Lices	isee 🗂	
Form: OLWR-SWR-1A certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the lississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state lists. Joseph Mosov. 0620 1-16-00 Grow Mosov. Tint Name of Responsible Licensee and License No. Date Signature of Licensee RECEL	rint Name of Responsible Licensee	and License No.			H	
Form: OLWR-SWR-1A certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the lississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state	rint Name of Responsible Licensee	and License No.	·		•	JAN 2 0

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

STATE WELL REPORT

County: Desoto Permit #:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality
Office of Land and Water Resources

Fo	r Office \	Use Only:	
Aquifer:			
Well #: _	D-	114	_
Elevation	:		_

Driller: Tones w. Mosov. Date completed: [6 06	O. Box 10631 on, MS 39289-0631 601)961-5210 1)354-6938 (fax) Well #: D- 114 Elevation:				
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	Well Location				
Owner Name: Dovid Couch Mailing Address: (Conterhill Crossins	Latitude: 34.59-601 Longitude: 89.44.374 36 Method of Lat/Long (check one): Conventional Survey.				
Mailing Address: Ce No VIII 0 63517	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	Sw 1/2 Sec 1/6 T 1/5 R 5w				
	Distance Direction Nearest Town				
Telephone No. 901 870-6631	21/8 Miles N of hardy corner.				
Pump Type Circle one	Power Type Circle one				
	Diesel Engine Gasoline Engine Natural Gas				
Air Lift Jet Submersible					
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing Well	Windmill Other (specify):				
Other (specify):	Horse Power Rating of Motor:				
Date Pump Installed: 1-6-06	Setting Depth: 120' feet				
Rated Pump Capacity:Gallons Per Minute	Number of Stages:(\(\frac{4}{} \)				
Pump Test Data	Method of Measuring Water Level Circle one				
Date Well Tested: 1-6-06	Air Line Electric Measuring Line Steel Tape				
Static Water Level (A): 90 Fect Below Land Surface	Other (specify): 5tring weight				
Pumping Water Level (B): Feet Below Land Surface					
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet				
Test Pumping Rate:	Well yieldedGPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):hours	hours of pumping				

	1
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
Jan W. Marian	
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer Signature of Pump Installer	49
Form: OLWE	CEIVED

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