		1 State Well Report	
I		-	For Office Use Only:
	County: Desoto	Part 1 – Driller's Log	For Onice one only
		Mississippi Department of Environmental Quality	Aquifer:
1	Permit #:	Office of Land and Water Resources	Well #: <u>D-124</u>
	Driller: Jones w. Moson	P.O. Box 10631	
		Jackson, MS 39289-0631	L. S. Elevation:
	Date drilling completed: 5-35-06	(601)961-5210	
		(601)354-6938 (fax)	E-log #:

3**4**-

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.

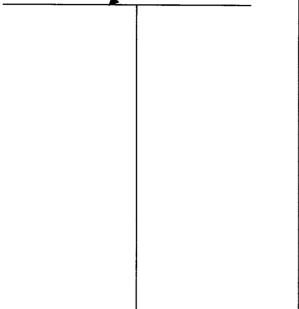
Information on Well Owner	Well or Borehole Location					
(Landowner if borehole is not for a water well)	Latitude: <u>34 • 57 ,971</u> " Longitude: <u>89 • 46 ,485</u> " 55 29					
F. D. L.	Latitude: <u>57 • 57 , 157 "</u> Longitude: <u>67 • 46 , 465 "</u>					
Owner Name KENNY DUN 6p	Method of Lat/Long (circle one): Conventional Survey,					
Mailing Address: LUTZI Thompson	USGS quad, (Hand-held GPS) Survey-grade GPS					
CUL Providence 22654	<u><u><u>N</u></u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>E</u><u>S</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>V</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>S</u><u>W</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u><u>N</u></u>					
Olive Browen Ms 38654 City State Zip Code	Distance Direction Nearest Town					
-	Distance Direction Nearest Town 17/8 Miles NW of handy corner					
Telephone No. (401) 490-3066						
Well / Bore	chole Data					
Date drilling started: $5 - 35 - 0c$ Date drilling completed: $5 - 35 - 0c$ Hole depth: 315 Hole diameter: $63/4$						
Location of the source of any surface water used for drilling:	Α.					
Method of dosing and volume of Chlorine used in drilling and deve	lopment: <u>NA</u>					
Logs run (circle all applicable). No log nut Electric Gamma Ray Density Sonic Neutron Other:						
Purpose of borehole (check one): Water Well C Geotechnical/Geol	logical Investigation Ground Source Heat Pump					
Y .						
Seismic Survey Other (describe If drilling is not related to water well construction	e) on, 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 Other (describe)						
Static Water Level:feet above of below circle one)						
Method of Measurement (circle one) steel tape electric tape air line other: <u>String [weight</u> .						
Well depth: $\partial \iota 5$ Well grouted to a depth of ℓO feet Typ	be of grout (circle one): Neat Cement Bentonite Mix					
Casing length: <u>195</u> feet Casing diameter: <u>4</u>	Casing length: <u>195</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>psc</u>					
Screen length: $\underline{\partial 0}$ feet Screen diameter: $\underline{4}$	inches Type of screen: のいし					
Screen slot size: <u>OIO</u> inches Setting depth: From <u>195</u> feet to <u>215</u> 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 next page						
	Form: OLWR-SWR-1A					
	RECEIVE					

JUN 26 2006 BY: OLWR

-124

The sketch below only required for water wells

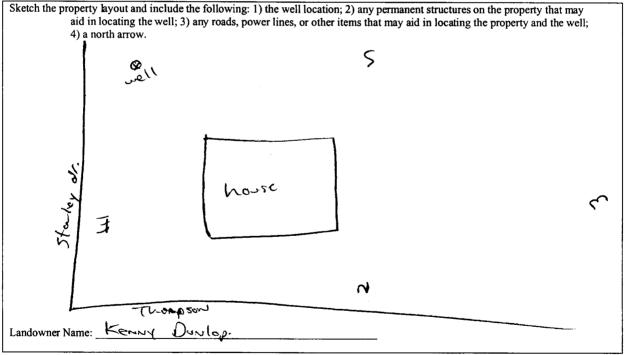
If well telescopes, show depths on sketch. Ground Level



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

Description of Formations Encountered	From (depth)	To (depth)
clay dift.	Ground Level	35
Blue clay	35	60
grael	60	75
Blue clay	75	100
yellow sound	100	130
Blue clay	130	180
unite soud	180	Ə 15
		<u> </u>
	-	

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



Form: OLWR-SWR-1A

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.

0-620 Jones w. Meson

6-99-06 Date

Signature of Licensee RECEIVED

Print Name of Responsible Licensee and License No.

JUN 2 6 2006 BY: OLWR

STATE WELL REPORT					
County: Desate Permit #: Driller: Jares w. Masan Date completed: <u>6-1-06</u> Copy information from block on Part 1	Pump Installer's Mississippi Departmer Office of Land a P.O. I Jackson, N (601) (601)35	art 2 5 Completion Report at of Environmental Quality and Water Resources 30x 10631 15 39289-0631 961-5210 4-6938 (fax)	For Office Use Only: Aquifer: Well #: D-124 Elevation:		
This part of the report must be completed l report must be attached and both parts file					
Well Owner Informati		Well Location			
Owner Name: KENNY DUNLOD Mailing Address: Lot 21 Thompson		Latitude: <u>34. 57.937</u> Longitude: <u>87.46.485</u> <u>55</u> Method of Lat/Long (check one): Conventional Survey,			
	,	USGS quad, Hand-held GPS, Survey-grade GPS			
City Brouch M City State Telephone No. (901) 490- 3066	·	<u>NW 1/ SW 1/ Sec 30</u>	$\frac{D}{T} \frac{1}{S} = \frac{1}{R} \frac{5}{M}$ Nearest Town		
Pump Type Circle one		Power Type Circle one			
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):		
Other (specify):		Horse Power Rating of Motor: 3/4			
Date Pump Installed: 6-1-06		Setting Depth: /50 feet			
Rated Pump Capacity: (🤪	Gallons Per Minute	Number of Stages: []			
Pump Test Data		Method of Mea	suring Water Level		
-			rcle one		
Date Well Tested: <u>G-1-06</u>		Air Line Electric Meas	uring Line Steel Tape		
Static Water Level (A): <u>111</u> Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface		Other (specify):	Ineight		
		For flowing well, measured shu	ut in head:		
Drawdown [(B) – (A)]: <u> </u>	Gallons Per Minute	Well yielded	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	~	NAfeet after	-		

× ,

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Jones w. Masar	Gensw. Maran			
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer			
		FormPREVERVED		

JUN 26 2006 BY: OLW B