3		
State V	Well Report	For Office Use Only:
	Driller's Log	
Mississippi Departm	ent of Environmental Quality I and Water Resources	Aquifer:
	. Box 10631	Well #: D-140
Jackson,	MS 39289-0631	L. S. Elevation:
• • • • • • •	1)961-5210	
(601)2	354-6938 (fax)	E-log #:
State Law requires that this report be prepared by the l		
Department at the above address within 30 days of con Information on Well Owner		or borehole.
(Landowner if borehole is not for a water well)		56 "Longitude:89 .46 ,347
wner Name Trent Ross	Latitude: 37 ° 37 , 47	" Longitude: 87 ° 76 , 947
	Method of Lat/Long (circle or	ne): Conventional Survey,
lailing Address: 7247 Eastern drive		GPS) Survey-grade GPS
		$_{\text{Twn}}$ $\frac{15}{\text{Rng}}$ $\frac{5}{\text{Rng}}$
City State Zip Code	1 1 1/4 Jec_ JO	
City State Zip Code	Distance Direction	Nearest Town
elephone No. (۹۷۱) 508 - 6207	$\underline{-1.514} \text{ Miles } \underline{N} \overline{\mathbb{W}}$	of Mandy Corner
	rehole Data	
Date drilling started: $2 - 30 \cdot 0 \delta$ Date drilling completed: $2 - 30 \cdot 0 \delta$	Hole depth: $230'$	Hole diameter: <u>63/4</u>
Location of the source of any surface water used for drilling:	A elopment: MA	
ogs run (circle all applicable): No log run Electric Gamma Ra lame of organization running log(s):	y Density Sonic Neutron	
urpose of borehole (check one): Water Well 🗹 Geotechnical/Geo	ological Investigation Ground	Source Heat Pump
Seismic Survey Other (descrit		
If drilling is not related to water well construct	ion, skip the remainder of this blo	ock
urpose of Well (check one): Home 🖌 Industrial Public Supp	ly Irrigation Fish Culture	Other:
a flowing well, method of flow regulation: Valve	Other (describe)	
atic Water Level: 125 feet above or below (circle one) land surface Date measured:_	9-92-08
ethod of Measurement (circle one) steel tape electric tap	e air line other: <u>St</u>	ingl neight
$\frac{230'}{2}$ Well grouted to a depth of <u>10</u> feet Type		
asing length: <u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>		-
creen length: <u></u>		•
creen slot size: , 010 inches Setting depth: From		
ype of completion (circle all applicable): Gravel packed Under	erreamed Telescoped Open	hole Natural Development
Other (describe):	m4	
on of lan nine or reduction in casing: NA, feet If t	alasconad or more than one serve	n describe on next page

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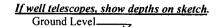
BY: OLWR

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Form: OLWR-SWR-1A

D-140

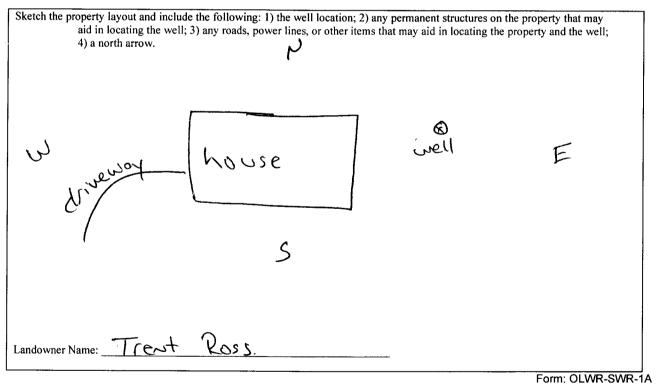
The sketch below only required for water wells



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

Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground Level	15
grovel.	15	40
Blue clay	40	100
red Soud	180	110
yellow sound	110	130
Blue clay white good.	130	180
white soud.	(80	230
		· · · ·
	1	l
harmon	I	· · · · · · · · · · · · · · · · · · ·

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



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.

ones us Mason

3-15-08 Date

and RECEIVED

Print Name of Responsible Licensee and License No.

Signature of Licensee

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BY: OLWR

	STATE WE	LL REPORT	
County: Desoto	-	art 2 Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
Driller: Jones W. Moscn	P.O. E	Box 10631	D = 14D
Date completed: $\partial - \partial 5 - 0 \delta$		IS 39289-0631 961-5210	Well #:
Copy information from block on Part 1	(601)354-6938 (fax)		Elevation:
This part of the report must be complete report must be attached and both parts			
Well Owner Inform	ation	We	ell Location
Owner Name Trank Dace		Latin 34.52 942	Longitudes 29,46,242

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Owner Name: Trent Ross	Latitude: 34.57, 942 Longitude: 89,46,24)		
Mailing Address: 7247 Eastern drive	Method of Lat/Long (check one): Conventional Survey,		
Olive Branch Ms 38654 City State Zip Code Telephone No. (901) 508-6207	Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS $\underline{NE}_{4} 5 \underline{w}_{4} \text{ Sec}_{30} \underline{T}_{5} \underline{R}_{5} \underline{w}$ Distance Direction Nearest Town <u>13/4</u> Miles <u>NW</u> of <u>handy</u> Corner		
Pump Type	Power Type		
Circle one	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:3/y		
Date Pump Installed: 2-25-08	Setting Depth: 160 feet		
Rated Pump Capacity: IOGallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
•	Circle one		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): <u>135</u> - Feet Below Land Surface			
Pumping Water Level (B): NA Feet Below Land Surface	Other (specify): <u>String (weight</u>		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: (O Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u>24</u> hours <u>Aut</u> feet after <u>34</u> hours of pump			

	I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
	Tones w- Mason 0-620 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	-
l		FormRECEN	ÆD

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