0.1.	Dort 1 Drillow's Log		For Office Use Only:	
County: Desoto	Part 1 – Driller's Log Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources			
Driller: Jones W-Moson	P.O. Box 2309		Well #: D - 142	
		n, MS 39225 961- 5210	L. S. Elevation:	
Date drilling completed: (5 - 1 - 0 6		1- 5228 (fax)		
		· · ·	E-log #:	
State Law requires that this repor Department at the above address	within 30 days of comp			
Information on Well C		Well or Bo	rehole Location	
(Landowner if borehole is not fo	•	Latitude: 34 . 57 .585	" Langitude: 89 . 43, 554	
Owner Name Eirc Crut		Method of Lat/Long (circle on	" Longitude: 89 · 43 · 55 4 e): Conventional Survey.	
Mailing Address: 6867 &	rtun Desuto rd.	USGS quad, Hand-held		
Olive Block My	38654	NE 1/4 NE 1/4 Sec 33		
City Stat	e Zip Code	Distance Direction	Nearest Town of Londy corner	
Telephone No. (901) 692 825	3	Willes	orner	

•	Well / Bore		(
Date drilling started: $10-1-0c^{\circ}$ Date dri	lling completed: 10-1-C	Hole depth: 185	Hole diameter: 6314	
Location of the source of any surface wate Method of dosing and volume of Chlorine	r used for drilling: <u>\A</u> used in drilling and devel	opment:		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):				
Purpose of borehole (check one): Water We	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump	
Seismic S	urvey Other (describe)	•		
If drilling is not related	to water well construction	1, skip the remainder of this blo	ck	
Purpose of Well (check one): HomeIn	dustrial Public Supply	Irrigation Fish Culture _	Other:	
If a flowing well, method of flow regulation	n: Valve _~^ Of	ther (describe)		
Static Water Level: 120 feet above or below circle one) land surface Date measured: 10 ~ 3 - 08				
Method of Measurement (circle one) steel tape electric tape air line other: String lucish				
Well depth: $\frac{185}{}$ Well grouted to a dep				
Casing length: 165 feet Casing	g diameter:	_inches Type of casing:)~ <u>د</u>	
Screen length: 30 feet Scree	n diameter:	_inches Type of screen:	0V C	
Screen slot size: , OIO inches	Setting depth: From	165 feet to	85 feet	
Type of completion (circle all applicable):	Gravel packed Underr	eamed Telescoped Open h	ole Natural Development	
	Other (describe):	wt		
Top of lap pipe or reduction in casing:	feet. If tele	escoped or more than one screen	n, describe on next page	

State Well Report

Form: OLWR-SWR-1A (04/08)

The sketch below only required for water	r wells
--	---------

If well telescopes,	show	depths	on	sketch.
Ground Level.				

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

Description of Formations Encountered		Γο (depth)
charl elist	Ground Level	10
led sad	دن	36
Crael	38	55
intife clay	35 95	95
while sound	95	120
white sad white clay white sad	130	132
white said.	13-2	185

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

Sketch the property layout and include the following: 1) the well I aid in locating the well; 3) any roads, power lines, or 4) a north arrow.	ocation; 2) any permanent stru other items that may aid in lo	ctures on the property that may cating the property and the well;
	L	
havse		
∨	۵ سعرا	7
dire wat.	Ore	
		M
Landowner Name: Eirc Crutcher.		
		Form: OLWR-SWR-1A (04/08)

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

Print Name	of Responsible Licen	see and License No.	Date	Signature of Licensee	RECEIVE
Jones	w.Mason	0-620	10-22-08	Gerow. Man-	

OCT 2 4 2008

BY: OLWR

STATE WELL REPORT

Permit #: Driller: Tores w. Mascw Date completed: 10-3-08 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225

Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:			
Aquifer:			
Well #: D- 142			
Elevation:			

Copy information from block on Part 1	, ,	1-5228 (fax)	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 Informat			Location		
Owner Name: Eirc Crutche	<u></u>	Latitude: 34.57.595	Longitude: 89.43.551		
Mailing Address: 6867 Borton	Deseto rd	Method of Lat/Long (check on	e): Conventional Survey,		
		USGS quad, Hand-held G	GPS, Survey-grade GPS		
City State	38654	NE 4 NE 4 Sec 33 T Is R 5w			
City State	Zip Code	Distance Direction	Nearest Town		
Telephone No. (901) 692-8253		Miles _Eof	hondy corner		
р Т		D	T		
Pump Type Circle one			er Type rele 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 (s	pecify):		
Other (specify):		Horse Power Rating of Motor:	1 μρ.		
Date Pump Installed: (0 - 2 - 08		Setting Depth: \ 50	feet		
Rated Pump Capacity:/ Gallons Per Minute		Number of Stages:			
Pump Test Data			suring Water Level		
Date Well Tested: 10-2-08					
Static Water Level (A): 1 3 0 Feet Below Land Surface			uring Line Steel Tape		
Pumping Water Level (B): Feet Below Land Surface		Other (specify): Arios	1		
Drawdown [(B) – (A)]: Feet l		For flowing well, measured shu			
Test Pumping Rate:	Gallons Per Minute	Well yielded 1 2	_GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	<u>∂</u> \ hours	feet after	hours of pumping		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Joses W. Meson 0-620	Gos w. Man	
Print Name of Pump Installer and License No. (if applicable)	/Signature of Pump Installer	

Form: OLWR-SWIPE (400 VED)