	State W	ell Report	1,	
County: Desoto	Part 1 – Driller's Log		For Office Use Only:	
		t of Environmental Quality	Aquifer: 0 149	
Permit #:	Office of Land and Water Resources P.O. Box 2309		Well #:	
Driller: Joves a. Majon	Jackson	, MS 39225	L. S. Elevation:	
Date drilling completed: 5-36-11		961- 5210 I- 5228 (fax)		
	, ,		E-log #:	
State Law requires that this report	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 O			rehole Location	
(Landowner if borehole is not fo	r a water well)	1 3d . CQ .0XC	(), 1 1 80 . 46 . 481, W	
Owner Name Kim Harris	Latitude: 34 ° 58 7		2" Longitude: 59 . 46, 41"	
		Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 396 pleasant	- rd	USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 SW 1/4 Sec 30 Twn 15 Rng 5w		
	<u></u>	30	1- 1- 1- 5	
arive Black M	38654	<u>βω ¼ 3ω ¼ Sec_ 3ω</u>	Twn 13 Rng 3 W	
City State	e Zip Code	Distance Direction	Nearest Town	
City State Telephone No. (356 - 366	a	1314 Miles NW	of handy corner	
Telephone No. () 5				
	Well / Bore		4.24	
Date drilling started: 5-36-11 Date dri	lling completed: 5-26	Hole depth: $\frac{\partial 30}{}$	Hole diameter: 6314	
Method of dosing and volume of Chlorine	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	ell_c_Geotechnical/Geole	ogical Investigation Ground	Source Heat Pump	
Seismic S	urveyOther (describe) NA		
If drilling is not related	to water well construction	n, skip the remainder of this bl	ock	
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 or below (circle one) land surface Date measured: 5 ~ 3 6 ~ ()				
Method of Measurement (circle one) steel tape electric tape air line other: String luve ight				
Well depth: 30 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 310 feet Casing diameter: 4 inches Type of casing: poc				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: poc				
Screen slot size: 10 inches Setting depth: From 210 feet to 330 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: OLVIP SV/R 1A (PA 08)

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

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

Description of Formations Encountered	From (depth)	To (depth)
clay dist	Ground Level	38
white god	28	35
while clay	35	40
grael	40	65
white sad	65	90
yellow sad	90	120
Ble clay	(20	190
low printer	190	930
		
	-	1
	<u> </u>	

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

Sketch the property layout and include the following: 1) the well location; 2) any pe aid in locating the well; 3) any roads, power lines, or other items that r 4) a north arrow.	rmanent structures on the property that may may aid in locating the property and the well;
[hove]	
2 well Alexant rd.	~
Landowner Name: Kin Harris. 3	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

w. Moson 0-620 6-23-11

Print Name of Responsible Licensee and License No.

Date



STATE WELL REPORT

Permit #: Driller: Tenes w. Moson Date completed: 5-26-11

Part 2

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

e of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

Date completed. 3 5 6 17		961-5210	Elevation:
Copy information from block on Part 1	(601)961-5228 (fax)		
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: Kim Horris		Latitude: 34.58.050 Longitude: 89.46.471	
Mailing Address: 7396 pleasant de		Method of Lat/Long (check one): Conventional Survey,	
City State Zip Code		USGS quad, Hand-held (GPS, Survey-grade GPS
		<u>NW 1/2 SW 1/2 Sec 30</u>	T_15 R_5 w
		Distance Direction Nearest Town	
Telephone No. (901) 356 - 2662		13/4 Miles NW of Lordy Corner	
Pump Type		Pow	ver Type
Circle one			rele 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: 5-26-11		Setting Depth:	feet
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	
Pump Test Data			suring Water Level
Date Well Tested: 5-36-11		Cir	rcle one
		Air Line Electric Meas	uring Line Steel Tape
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):AFeet Below Land Surface		Other (specify): 5tring	I weight
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shu	it in head:feet
Test Pumping Rate:(Well yielded ()	-
Duration of Burn Tast (minimum 4 hours): 24 hours		A feet after	hours of numning

Duration of Pump Test (minimum 4 nours): nours	leet alter	nours or pumping
1 HEREBY CERTIFY that the above statements are true to the best of Janes and Moson 0-620	\bigcirc	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: (OLWR-SWR-1B (04/08)

