,	STATE	WELL REPORT			
County: Desoto	Part 1		For Office Use Only:		
Permit #:	r	Oriller's Log	Well #:		
Driller: Jones w. Mason		tment of Environmental Quality and and Water Resources	Aquifer:		
Date drilling completed: 8-14-13	l I	P.O. Box 2309	E-Log #:		
Date drilling completed:		son, MS 39225-2309 (601)961-5210			
		01)360-0535 (fax)			
State Law requires that this report Department at the above address w	be prepared by the eithin 30 days of co	license holder responsible for the mpletion of drilling of the well o	he work and filed with the or borehole.		
Well Owner Information (Landowner if borehole is not for a water well) Owner Name: Tones Mckenna			hole Location		
		Latitude: 34°54'10.45 Lon	Latitude: 34°54′10.45 Longitude: 90°12′39.94		
		Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 2915 La keside rood.					
		USGS quad, Hand-held GPS, Survey-grade GPS, NE			
City State Zip Code		1/2 F 1/2 (()			
Telephone No. (<u>901</u>) <u>606 - 34</u>	-	1/2 Miles E of Lake Comorant (Nearest Town)			
Well / Borehole Data Date drilling started: 6-パーパ Date drilling completed: 8-パーパ Hole depth: 100 Hole diameter: 63/4					
Location of the source of any surface w					
Method of dosing and volume of Chlorin	e used in drilling a	nd development: 5 $ ho \sim$	of greater		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):					
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe)					
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (circle all applicable): Home Industrial Public Supply (rigation) Fish Culture					
Other (describe):					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level:feet [above or below] and surface Date measured:feet [above or below] and surface Date measured:					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String luciout					
Well depth: 100 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 80 feet Casing diameter: 4 inches Type of casing: puc					
Screen length: $\frac{\partial b}{\partial c}$ feet Screen diameter: $\frac{d}{dc}$ inches Type of screen: $\frac{d}{dc}$					

Setting depth: From 80

If telescoped or more than one screen, describe on next page

feet

Underreamed

Screen slot size: _____inches

Top of lap pipe or reduction in casing:

Other (describe): ___

Type of completion (circle all applicable): Gravel packet

Form: OLWR-SWR-1A (4/13)

Natural Development

___feet to

Open hole

County:		Fo	r Office Use	Only:
Permit #:		ľ	E147	-
The sketch below only required for water wells	Description of form	nations encountered less specifically exem	must be provide	d for all wei
If well telescopes, show depths on sketch.	Description of Forma	ations Encountered	From (donth)	T- (-144)
Ground Level	clay dict		From (depth) Ground level	To (depth)
		: 4	15	40
		2 d	40	85
			85	100
	<u> </u>			
				
		45.		
ļ				
f more than one screen, show location of each on sketch				
setch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property a	nd the well		
				Storland.
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me			SEP 1 8	t Zula
			ادر التي يها پيغام ي	a da de Pira
		5	34	LHMM
ndowner Name: Jones Mckerna		_		
indowner Name: <u>Jones McKenna</u>				
HEREBY CERTIFY that the well/borehole was drilled, quirements of the Mississippi Department of Enviror applicable, and state laws.	constructed, and com nmental Quality and the	pleted in accordanc e Mississippi Departr	e with all applic nent of Health I	able regulations,
Jose W. Marin 0-620	0 15 12	\bigcirc		
JOAL) WY "41W OC610	9-10-13	You will	1000	
int Name of Responsible Licensee and License No.	Date	Signature	e of Licensee	

STATE WELL REPORT

County: _ Desoto Permit #: Driller: Jones w. Masen

Part 2

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

For Office Use Only:				
Well #: _	E147			
Aquifer:				

T Date Completed. () · · · · · ·	2.O. Box 2309 on, MS 39225-2309 Aquifer:				
	on, MS 39225-2309 Aquifer: 601)961-5210				
•) 360-0535 (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: Jane, Mckenna	Latitude: <u>3년 65년 10.년도</u> Longitude: <u>96 1고 139 연</u>				
Mailing Address: 3915 Lakeside 1000	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	NE 14 NW 14, Sec 34 T 25 R 10W 1/2 Miles E of Lake (of cont (Distance) (Direction) (Nearest Town)				
Telephone No. (Say_) 606 ~ 3408	(Distance) (Direction) (Nearest Town)				
Pump Tvr	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 8-14-13	Rated Pump Capacity:				
Is This Pump (circle one): New Repaired Replacemen					
	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win					
Horse Power Rating of Motor:1'して Setting Dept	h: <u>용</u> 성 feet Number of Stages: <u></u>				
Pump Test Data	for Non Flowing Well				
Date Well Tested: 8기식~13 Duration of Pump Test (minimum 4 hours): 그 나 hours					
Static Water Level (A): <u> </u>					
Drawdown [(B) - (A)]: <u>~ いん</u> Feet Below Land Surface Test Pumping Rate: <u></u> ユネ Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5tcing weight					
Pump Test Data for Flowing Well					
Measured shut in head: <u>んパ</u> feet.					
Well yielded 3 3 GPM with a drawdown of \sim	feet after 24 hours of pumping				
Meter I	nstallation				
Meter Manufacturer: へしふ	,				
Meter Model Number/Name: Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: _ルー本					
Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer Signature of Pump Installer					
Tame of Famp instance and Electise No. (i) applicable)	Jaco / Digitatore of Family instance				

Form: OLWR-SWR-1B (4/13)