	State W	ell Report		
County: Desato	<b>\</b>	Driller's Log	For Office Use Only:	
		t of Environmental Quality	Aquifer:	
Permit #:		nd Water Resources	Well #: F- 143	
Driller: Jones W. Moson		Box 10631	Well#:	
_		IS 39289-0631	L. S. Elevation:	
Date drilling completed: 3-19-07		961-5210	<b></b>	
	[601)354	4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address	within 30 days of comp	letion of drilling of the well	or borehole.	
Information on Well (		Well or Bo	rehole Location	
(Landowner if borehole is not fo	or a water well)	Latinda 34 . SD . DRR	" Lanciera 990 0 00 , 624"	
Owner Name Terry Bryon	4.	Latitude: 51 - 52 766	" Longitude: $90 \cdot 02 \cdot 674$ "  le): Conventional Survey,	
		Method of Lat/Long (circle of	ne): Conventional Survey,	
Mailing Address: 4108 Dear	<u>rd.</u>		_	
		USGS quad, (Hand-held	GPS) Survey-grade GPS	
Nespit Ms	380,51	NE 4 SE 4 Sec 28	Twn_ <u>ƏsRng</u> &w	
Nesbit Ms City Sta	te Zip Code	Distance Direction	Nearest Town	
	_	13 14 Miles NE	of Deons Corner	
Telephone No. (660) 449-4717				
	Well / Bore	hole Data		
•			( ) )	
Date drilling started: 2-19-50 Date dri	illing completed: 2-30-	Hole depth: 1/0	Hole diameter: 63/4	
Location of the source of any surface water	er used for drilling.	. A.		
Method of dosing and volume of Chlorine	e used in drilling and develop	opment: NA		
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:	
Name of organization running log(s):	<u> </u>			
Purpose of borehole (check 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 (check one): Home In	ndustrial Public Supply	Irrigation Fish Culture	Other:	
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 3-38-07				
Method of Measurement (circle one) st	eel tape electric tape	air line other: 5tr	ing Justight	
Well depth: 170 Well grouted to a de				
Casing length: 150 feet Casing diameter: 4 inches Type of casing: puc				
Screen length: 70 feet Screen diameter: 4 inches Type of screen: psc				
Screen slot size:inches Setting depth: From150feet to170feet				
Type of completion (circle all applicable):	Gravel packed Underr	reamed 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

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## The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	

## 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 dirti	Ground Level	35
arosel	35	40
Blue clay	40	135
white sand	(3-5)	120
		1

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

4) a north arrow.  Shop  house	aid in locating the	nclude the following: 1) the well location; 2) any permane well; 3) any roads, power lines, or other items that may a	ent structures on the property that may id in locating the property and the well;
S F.	4) a north arrow.	well N	
d	<b>₹</b>		E
Landowner Name: Terry Bryant.	Landowner Name: Terry	Bryant.	

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.

Jones	w. Mason	0-630	3-7-07	
Print Name of Responsible Licensee and License No.			Date	

Signature of Licensee RECEIVED

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## STATE WELL REPORT Part 2 County: Desata For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 3-38-07 (601)961-5210 (601)354-6938 (fax) Copy information from block on Part 1 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 Latitude: 34 · 50 - 788 Longitude: 90 · 02 - 674 Owner Name: Terry Broyant Mailing Address: 4108 dean USGS quad\_\_\_\_, Hand-held GPS\_\_\_, Survey-grade GPS NE 4 SE 4 Sec 28 T 25 R &W Distance Direction Nearest Town Telephone No. (662) 429 - 4717 -13/4 Miles NE of Deans corner Pump Type **Power Type** Circle one Circle one Air Lift Submersible Jet Diesel Engine Gasoline Engine Natural Gas Bucket Piston Electric Motor Hand Tractor PTO Turbine Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor: 3 Hp. Other (specify): Date Pump Installed: 2 ~ 38-07 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 2 - 28-67 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 40 Feet Below Land Surface Other (specify): String (weight Pumping Water Level (B): PA Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_ feet Feet Below Land Surface Test Pumping Rate: 30 Gallons Per Minute Well yielded 30 \_GPM with a drawdown of hours of pumping Duration of Pump Test (minimum 4 hours): \_ hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

0-630 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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