	STATE	WELL REPORT	
county: Desoto	SIAIL	Part 1	For Office Use Only:
-		riller's Log	Well #: 6-124
Permit #: Driller: Jones w. Mason	Mississippi Depart	ment of Environmental Quality and and Water Resources	Aquifer:
		P.O. Box 2309	E-Log #:
Date drilling completed: $1^{-3}4^{-1}4$		on, MS 39225-2309 601)961-5210	5
		1)360-0535 (fax)	
State Law requires that this report Department at the above address w			
Well Owner Informat			hole Location
(Landowner if borehole is not for		Latitude: 34 55 33.07 "~ Longitude: 89 54 '27.74 V	
Owner Name: Phillip Brown			
Mailing Address: 4622 Spri	us Place love	Method of Lat/Long (check one	): Conventional Survey,
	- <u>-</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>SEHW</u> , <u>SE</u> <u>14</u> , <u>Sec</u> <u>11</u> <u>T</u> <u>3</u> <u>S</u> <u>R</u> <u>7</u> <u>w</u> <u>3/4</u> <u>Miles</u> <u>Nw</u> of <u>Plecsart</u> <u>Hill</u> (Direction) (Nearest Town)	
	28651	SEW SE 14 Ser	11 Tas R7W
$\frac{U_1 \cup U_2 \cup (\omega_2 \cup M)}{City}$ State	Zip Code	3/11	
Telephone No. ( <u>901</u> ) <u>409 - 703</u>	 ?(~	(Distance) (Direction)	(Nearest Town)
Date drilling started: 11-24-14 Date	Well / B	orehole Data	Hele diameters $6^{3}/4$
Location of the source of any surface v			
Method of dosing and volume of Chlorine used in drilling and development:			
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s): N/A			
Purpose of borehole (circle one): Water		cal/Geological Investigation	Ground Source Heat Pump
Seism	ic Survey Other	(describe) <u>NA</u>	
	-	onstruction, skip the remainder	of this block
	······································		
Purpose of Well (circle all applicable)			
Other (describe):			
If a flowing well, method of flow regul	ation: Valve <u>~ 1</u> A	Other (describe)	
Static Water Level: $180$ feet [above or below] land surface Date measured: $11-24-14$ (circle one)			
Method of measurement (circle one): 9			~
Well depth: $340$ Well grouted to a depth of: <u>50</u> feet Type of grout ( <i>circle one</i> ): Neat Cement Gentonite Mix			
Casing length: $\frac{\partial}{\partial}$ feet Casing diameter: $\underline{d}$ inches Type of casing: $\underline{\rho} \underline{v} \underline{c}$			
Screen length: $\frac{\mathcal{P}}{\mathcal{P}}$ feet			
Screen slot size: <u>,OID</u> inches	Setting depth:	: From $\underline{\partial \partial \partial}$ feet to	) <u> </u>
Type of completion (circle all applicable	e):(Gravel packed	Underreamed Open hole	Natura Development V 2., La
Other (describe): N M			DE <u>C-292014</u>
Top of lap pipe or reduction in casing:	<u>v Vt</u> feet		10 August and a strain of the state
If telesc	oped or more than	one screen, describe on next pa	ge OT CELVY

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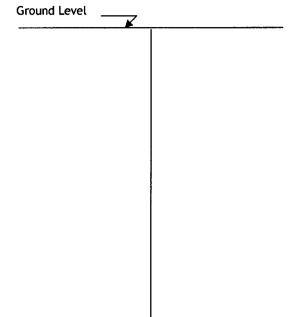
Form: OLWR-SWR-1A (4/13)

County: _	
Permit #:	

F	or Office Use Only:
Well #:	G-124

The sketch below only required for water wells

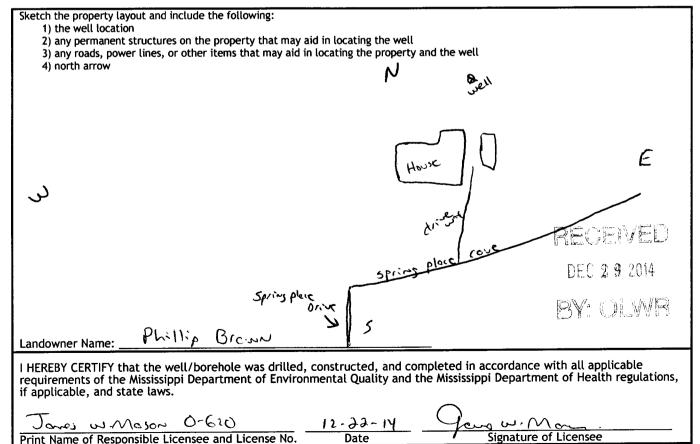
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From ( <i>depth</i> )	To (depth)
clay dirt.	Ground level	35
	35	40
grovel white clay	40	45-
Blue clay	45	140
Blue clay white soud	140	240
· · · · · · · · · · · · · · · · · · ·		

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



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

STATE WELL REPORT				
County: Desoto		Part 2	For Office Use Only:	
Permit #:	Pump Installer's Completion Report		well #: <u>G-124</u>	
Driller: Jones W. Meson		ent of Environmental Quality and Water Resources	Well #: <u> </u>	
Date completed: 11-25-14		). Box 2309 , MS 39225-2309	Aquifer:	
Copy information from block on Part 1		1)961-5210		
	(601) (	360-0535 (fax)		
This part of the report must be complete of the report must be attached and both				
Well Owner Informati	· · · · · · · · · · · · · · · · · · ·		ocation	
Owner Name: Phillip Brow	ا	atitude: <u>34 می (مع کی ا</u> Lon	gitude: <u>25°54'27,74 W</u>	
Mailing Address: 4622 Spring p	lace cove 1	Method of Lat/Long (check one): Conventional Survey,		
		JSGS guad, Hand-held GF	PS, Survey-grade GPS	
Olive Brown Ms City State			11 T 25 R 7W	
		314 Miles NW of	(Nearest Town)	
Telephone No. ( <u>101</u> ) <u>409 - 7</u>	036	(Distance) (Direction)	' (Nearest Town)	
	Pump Type	(circle one)		
Submersible Turbine Air Lift Centrifu	ugal Flowing Well J	et Piston Rotary Other (des	scribe):	
Date Pump Installed: 11-25-14	Ra	ted Pump Capacity: (	Gallons Per Minute	
Is This Pump (circle one): New Rep				
		e (circle one)		
Electric Diesel Gasoline Natural Gas				
Horse Power Rating of Motor:5	Setting Depth:	feet Number	of Stages:	
	-	r Non Flowing Well		
Date Well Tested:			um 4 hours): <u> </u>	
Static Water Level (A): <u>I &amp;</u> Feet	Below Land Surface			
Drawdown [(B) - (A)]: ~ (A	Feet Below Land Surfac	e Test Pumping Rate:	G C Gallons Per Minute	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String (weight				
_	•	for Flowing Well		
Measured shut in head: $\sim \sqrt{1-1}$ feet.				
Well yieldedGPM with a d	rawdown of	feet_after7 Ч	hours of pumping	
Meter Installation				
Meter Manufacturer:ノロ		Meter Serial Number:	nla	
Meter Model Number/Name:	VIA	Type of Meter:	~ * * FOFWED	
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): ~ (4   Installation Date: ~ (A   DEC 2 3 2014				
Installation Date: IA	Meter installed by:	Nh	リヒレ 2 3 2014	
Is This Meter (circle one): New Rep			BY: OLVE	
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 stater	nents are true to the	best of my knowledge.		
Jares W. Mejon 0-620 Print Name of Pump Installer and Licens		$\bigcirc$	2	
	1	12.12 11 10 10 11	1. NIOn	

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