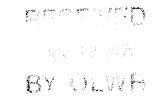
State Well Report							
County: Desoto		riller's Log	For Office Use Only:				
		of Environmental Quality	Aquifer:				
Permit #:		nd Water Resources	Well #: H-/44				
Driller: Jones w. Moson		ox 10631 S 39289-0631	L. S. Elevation:				
Date drilling completed: (0-17-05		961-5210	L. S. Elevation:				
	(601)354	l-6938 (fax)	E-log #:				
State Law requires that this report Department at the above address	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	Owner		orehole Location				
(Landowner if borehole is not f	or a water well)	Latitude: 34 • 55 -73	* Longitude: 89 • 44 - 186"				
Owner Name C-M Buik	ders	Method of Lat/Long (circle or					
Mailing Address: LOT 38			GPS, Survey-grade GPS				
Estates of			Twn 25 Rng 5W				
O <u>live Blown M</u> City Sta	5 38654 ite Zip Code	Distance Direction	Nearest Town				
Telephone No. (<u>662</u>) 890 - 359	39	O · [Wines _ O Z	or rasay correc				
	Well / Bore	hole Data					
Date drilling started: 6-17-05 Date d	rilling completed: 6-17-	Hole depth: 110	Hole diameter: 63/4"				
Location of the source of any surface wat Method of dosing and volume of Chlorir	er used for drilling:A	opment: NA					
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:				
Purpose of borehole (check one): Water V	Vell Geotechnical/Geol	ogical Investigation Ground	1 Source Heat Pump				
Seismic If drilling is not relate	SurveyOther (describe d to water well construction) n, skip the remainder of this bl	lock				
Purpose of Well (check one): Home	Industrial Public Supply	Irrigation Fish Culture	Other:				
If a flowing well, method of flow regulati	on: Valve <u>~ A</u> C	other (describe)	W. 4				
Static Water Level: 10 feet above or below (circle one) land surface Date measured: 6-24-05							
Method of Measurement (circle one) steel tape electric tape air line other: String weight							
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: 100 feet Casing diameter: 4 inches Type of casing: puc.							
Screen length: 10 feet Screen diameter: 4 inches Type of screen: puc							
Screen slot size:							
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development							
Other (describe):							
Top of lap pipe or reduction in casing:	NA feet. If to	lescoped or more than one scr	<u>een, describe on next page</u>				

Form: OLWR-SWR-1A



The sket	ch below	only	reasired	for	water	wells
i ne snei	cn veiow	Unite	reu uu reu	ıvı	ruici	wens

<u>ch</u>.

ſ,	<u>well</u>	<u>teles (</u>	copes,	show	depths	on	sketo
	Gra	und l	Level				

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

Description of Formations Encountered	From (depth)	Γo (depth)
clay doct	Ground Level	10
while soud	10	110.
	1	
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		1
	-	

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 aid in locating the well; 3) any roads, power lines, or other items the 4) a north arrow.	permanent structures on the property that may at may aid in locating the property and the well;
	drive way	
N		5
	well	
10 de	رى (
Landown	er Name: C-M Builders	Form: OLWR-SWR-1A

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 Meson	0-630	7-15-05	Gara w. More
Print Name of R	esponsible Licensee an	d License No.	Date	Signature of Licensee

BY OLMA

STATE WELL REPORT Part 2 County: Nesoto For Office Use Only: **Pump Installer's Completion Report** Permit #: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Date completed: 6-34-05 Jackson, MS 39289-0631 (601)961-5210 Elevation: (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. 55. 700 Longitude: 89. 44. 186 Owner Name: Method of Lat/Long (check one): Conventional Survey, USGS quad____, Hand-held GPS____, Survey-grade GPS___ SE 4NW 4 Sec 9 IDS R SW Distance Direction Nearest Town 21/4 Miles SE of hardy corner Telephone No. (663) 890 - 3582 **Pump Type** Power Type Circle one Circle 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 (specify): Other (specify): _ Horse Power Rating of Motor: Date Pump Installed: 6-34-05 Setting Depth: feet 14 Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 6-24-05 Electric Measuring Line Air Line Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): 5tring Pumping Water Level (B): $\sim A$ Feet Below Land Surface Drawdown [(B) – (A)]: Peet Below Land Surface For flowing well, measured shut in head: __ /A Test Pumping Rate: Gallons Per Minute Well vielded GPM with a drawdown of feet after Duration of Pump Test (minimum 4 hours): hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

w Mass

Print Name of Pump Installer and License No. (if applicable)

Form: QLWR-SWR-1B

Signature of Pump Installer

BYWAR