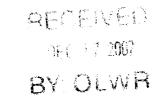
State Well Report					
County: Desoto		riller's Log	For Office Use Only:		
	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land and Water Resources		Well #:		
Driller: Jas w. Moson	P.O. Box 10631 Jackson, MS 39289-0631				
Date drilling completed: 11-16-07	· · · · · · · · · · · · · · · · · · ·	961-5210	L. S. Elevation:		
Date driving completed. 11 18 67		1-6938 (fax)	E-log #:		
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 C			rehole Location		
(Landowner if borehole is not for a water well)		80.45.20			
Owner Name Suson Johnson		Latitude:	" Longitude: 89 . 45 . 251"		
Mailing Address: Julia Lane (a)		Method of Lat/Long (circle or	e): Conventional Survey,		
Dearden Drive		USGS quad, Hand-held	GPS, Survey-grade GPS		
100 45± 48		NW 15E 1/ Sec 8	Twn $2s$ Rng 5ω		
Olive Brown of City Sta	te Zip Code	Distance Direction	Nearest Town		
Telephone No. (901) 336 - 32	13	MilesNE_	of Miller		
Well / Borehole Data					
Date drilling started: 11-16-5 Date drilling completed: 11-16-5 Hole depth: 135' Hole diameter: 63/4					
Location of the source of any surface water used for drilling:					
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 WellGeotechnical/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 Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: ValveOther (describe)					
Static Water Level: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured: feet above of below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other: String (weight					
Well depth: 135 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 105 feet Casing diameter:					
Screen length:					
Screen slot size: , O(O inches Setting depth: From 105 feet to 135 feet					
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development					

Other (describe): ______A

Top of lap pipe or reduction in casing: ______ feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A



The sketch below only required for water wells

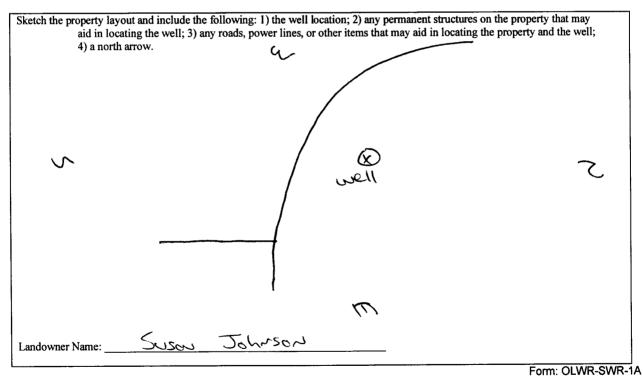
If well telescopes, show depths on sketch.

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)		
cley dirt.	Ground Level	25	
white class	シア	90	
white soud	40	(25	
	1	1	
	†	†	
Ļ			

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



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. ... Meson 0-630 (2-13-07.

EDemonsible I icensee and License No. Date

Print Name of Responsible Licensee and License No.

HICEVED

DEL 17 2007

BY OLWA

STATE WELL REPORT Part 2 County: Uciata For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources lones u. Masan P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 11-16-07 (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 Location Well Owner Information Latitude: 34.55. 135 Longitude: 89. 45. 351 Owner Name: Method of Lat/Long (check one): Conventional Survey___ Mailing Address: USGS quad , Hand-held GPS Survey-grade GPS NW 4 SE 4 Sec 8 Tas R5W Direction Nearest Town Distance Miles NE of Miller Telephone No. (901) 336 3213 Power Type **Pump Type** Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Jet Tractor PTO Electric Motor Hand Turbine Piston Bucket Other (specify): Windmill Flowing Well Centrifugal Rotary Horse Power Rating of Motor: Other (specify): 11-16-07 Setting Depth: Date Pump Installed: 60 Gallons Per Minute Number of Stages: Rated Pump Capacity: _ Method of Measuring Water Level Pump Test Data Circle one 11-16-07 Date Well Tested: Electric Measuring Line Steel Tape Air Line Static Water Level (A): Feet Below Land Surface Other (specify): String [weigh Pumping Water Level (B): _ ~A Feet Below Land Surface For flowing well, measured shut in head: ______feet M Feet Below Land Surface Drawdown [(B) - (A)]: __ GPM with a drawdown of 60 Well yielded Gallons Per Minute Test Pumping Rate: hours of pumping Duration of Pump Test (minimum 4 hours): I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tones w. Moson 0-620

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

Form: OLWR-SWR-1B

RECEIVED

met. 1.7. 2007

BYOLWR