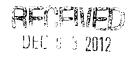
State Well Report					
County: Desche	Part 1 – Driller's Log		For Office Use Only:		
Permit #:	Mississippi Department of Environmental Quality		Aquifer:		
Driller: Janes w. Mason'	Office of Land and Water Resources P.O. Box 2309		Well #: H225		
		n, MS 39225	L. S. Elevation:		
Date drilling completed: (0-30-12		961- 5210 1- 5228 (fax)			
State I am magnines that this manage			E-log#:		
State Law requires that this report Department at the above address					
Department at the above address within 30 days of completion of drilling of the well or borehole. Information on Well Owner Well or Borehole Location					
(Landowner if borehole is not for		Latitude: 34 . 92 ,274	" Longitude: 89 . 84 . 301 "		
Owner Name Jay Thom	e \$ -	55 22	" Longitude: $89 \cdot 84$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Mailing Address: 8045 Elem	(000	Method of Lat/Long (circle on	e): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS		
		USGS quad, Hand-held	Trun 25 Rng 6W		
Olive Brown No.	38654				
	-	Distance Direction	Nearest Town of Alexiscut Lill		
Telephone No. (501) 368-8391					
	Well / Bore	l hole Data			
Date drilling started: 10-30-12 Date dril	ling completed: 10-30	Hole denth: 260	Hole diameter: (3/4		
			riole diameter.		
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling:	A onment: M			
Logs run (circle all applicable): No log run Name of organization running log(s):	Electric Gamma Ray		Other:		
Purpose of borehole (check one): Water We		ogical Investigation Ground	Source Heat Pump		
Seismic Survey Other (describe)					
If drilling is not related t	o water_well construction	n, skip the remainder of this blo	<u>ck</u>		
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 135 feet above of below (circle one) land surface Date measured: 10 - 31 - 12					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 360 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: <u> </u>	diameter: 4	_inches Type of casing:	ρυς		
Screen length: 10 feet Screen	diameter:	_inches Type of screen:	٥٠٠ ا		
Screen slot size: O10 inches					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
		nt			
Top of lap pipe or reduction in casing:	feet. <u>If tele</u>	escoped or more than one screen	ı, describe on next page		

Form: OLWR-SWR-1A (04/08)



The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level	,	•		
	İ			

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 dict	Ground Level	30
ci/02/	30	60
Blue class	60	્ ૧૩
SI ONE !	99	90
Bre clay	୧୦	160
white south	160	260
		1
		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 permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;				
4) a noi	rth arrow.	7		
J. Sec.	House House	Peuking to a	É	
				Hwy 30
	Angelog Pares () () () () () () () () () (college rd	
Landowner Name: _	Jay Thores	5		/
<u> </u>			Form: OLWR-SWR	-1A (04/08)

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

James W. Mason 0-620	11-38-19	Garan. No	PECENIED
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	DHC 6 5 2010

BY: OLIVIA

STATE WELL REPORT Part 2 County: Desoto For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 2309 H225 Well #: Jackson, MS 39225 Date completed: 10-31-12 (601)961-5210 Elevation: (601)961-5228 (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 Latitude: 34. 92. 274 Longitude: 89. 84 801 Thomas. Owner Name: Method of Lat/Long (check one): Conventional Survey_____, Mailing Address:_ USGS quad ____, Hand-held GPS ____, Survey-grade GPS____ NW 1/2 SW 1/2 Sec 9 T 25 R 603 Nearest Town Distance Direction 214 Miles NE of pleasant hill Telephone No. (901) 268 - 8991 Power Type **Pump Type** Circle one Circle one Natural Gas Gasoline Engine Submersible Diesel Engine Air Lift **Tractor PTO** Electric Motor Hand Turbine Piston Bucket Other (specify): _____ Flowing Well Windmill Rotary Centrifugal Horse Power Rating of Motor: 5 hp Other (specify): ___ Setting Depth: ______feet Date Pump Installed: (9-31-12 Number of Stages: ___ / Y Rated Pump Capacity: Gallons Per Minute Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: 10-31-12 Electric Measuring Line Air Line Static Water Level (A): 135 Feet Below Land Surface Other (specify): _ String/ veight Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: _____feet Test Pumping Rate: Gallons Per Minute Well yielded (O GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _ _ _ hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. four w. Man Signature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

BY OLWA

Form: OLWR-SWR-11B Q4/081