	STATE	WELL REPORT	
County: Desoto	Part 1		For Office Use Only:
Permit #:	Driller's Log Mississippi Department of Environmental Quality		Well #:
Driller: Janes W. Mason	Office of La	nd and Water Resources	Aquifer:
Date drilling completed: $\frac{\mathcal{E}}{7/14}$.O. Box 2309 on, MS 39225-2309	E-Log #:
	(501)961-5210)360-0535 (fax)	
	•		the work and filed with the
State Law requires that this report Department at the above address w	be prepared by the ithin 30 days of con	npletion of drilling of the well	or porenoie.
Well Owner Informat	ion	Well or Bore	ehole Location
(Landowner if borehole is not for		Latitude: 34 55 32 .69 N Lo	ngitude: <u>89°50'48,79 w</u>
Owner Name: Mott Ryon		Method of Lat/Long (check on	e): Conventional Survey,
Mailing Address: Woterfoll way			GPS, Survey-grade GPS
of Bella Donna ci			$9 \sqrt{T} \frac{3}{2} \sqrt{R} \frac{6}{6}$
Olive Brauch M5 City State	38654		
City State	Zip Code	Distance) (Direction)	(Regrest Town)
Telephone No. (901) 569-54	10	(Distance) (Direction)	
	Well / B	orehole Data	(31)
Date drilling started: $\delta' - \gamma - 14$ Date	drilling completed	P^{-1-14} Hole depth: $\frac{2}{2}$	O Hole diameter: Hole diameter:
Location of the source of any surface v	water used for drilli	ng: NIA	
Method of dosing and volume of Chlori	ne used in drilling a	nd development: $5\rho\rho\infty$	and greater
Method of dosing and volume of Chlorine used in drilling and development: <u>Spp and greater</u> Logs run (<i>circle all applicable</i>): No log rup Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):			
Purpose of borehole (circle one). Wate		ical/Geological Investigation	Ground Source Heat Pump
Seismic Survey Other (describe)			
If drilling is not re	•	construction, skip the remainde	
Purpose of Well (circle all applicable):			
Other (describe): 🗸 🔨			
If a flowing well, method of flow regu	lation: Valve	(A Other (describe)	
Static Water Level: 140feet [above or below] land surface Date measured: 8-9-14			
Method of measurement (circle one):	Steel tape Electric	tape Air line Other (describe	e): string (meight
Well depth: 270 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: <u>$\partial 40$</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>$\rho v c$</u>			
Screen length: <u>30</u> feet	Screen diameter: _	inches Type o	f screen:
Screen slot size: _, O(Dinches	s Setting depth	: From <u>う</u> 40 feet	tofeet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development			
Other (describe): ルイ			
Top of lap pipe or reduction in casing			SEP 0 8 2014
If teles	coped or more than	one screen, describe on next p	page

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County:	
Permit #:	·

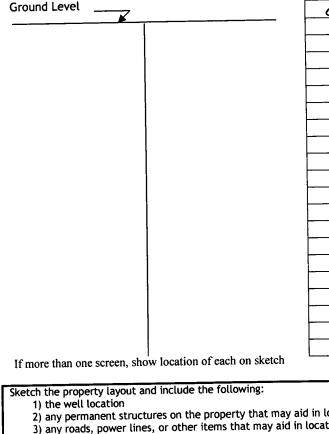
For	Office	Use	Only:
Well #:	Haz	33	

The sketch below only required for water wells

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 dict.	Ground level	is
Clay dy ("	15	35
grovel Blue clay	32	120
Nock	120	121
Bive clay	121	140
Rock	140	142
Blue clay	142	990
white soud	990	210

If well telescopes, show depths on sketch.



2) any permanent structures on the property that may aid in locating the well 4) north arrow

ſ 3) any roads, power lines, or other items that may aid in locating the property and the well Ş É worterfell way 2014 Bell DONNO Ryon Landowner Name: Matt I HEREBY 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. Moson 0-620	8-4-14	Jours w. Mass
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
Philit Maine of Responsible Elections and Election		Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT					
County: Desoto		Part 2	For Office Use Only:		
Permit #:	Pump Installer's Completion Report		Well #:		
Driller: Jones W. Malon	Mississippi Department of Environmental Quality Office of Land and Water Resources		weil #:		
Date completed: 8-9-14	Р	.O. Box 2309	Aquifer:		
Copy information from block on Part 1		n, MS 39225-2309 601)961-5210			
	•) 360-0535 (fax)			
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					
Owner Name: MAH Ryon	·····		ngitude: <u>81°50'48,79 ພ</u>		
Mailing Address: woterfall was	1 North		Method of Lat/Long (check one): Conventional Survey,		
of Bella Donna c		USGS quad, Hand-held G	PS, Survey-grade GPS		
Olive Brouch Ms City State		NW 1/4 SW 1/4, Sec_	9 T JS R GW		
City State	Zip Code	112 Miles NW 0	f (edorview)		
Telephone No. (<u>901)</u> <u>569-54</u>	172	(Distance) (Direction)	(Nearest Town)		
	Pump Ty	pe (circle one)			
Submersible) Turbine Air Lift Centrif	ugal Flowing Well	Jet Piston Rotary Other (de	escribe):		
Date Pump Installed: $\delta - 9 - 14$		Rated Pump Capacity:	Gallons Per Minute		
Is This Pump (circle one): (New) Rep					
	Power Ty	pe (circle one)			
Electric Diesel Gasoline Natural Gas	Tractor PTO Wir	ndmill Other (<i>describe</i>):			
Horse Power Rating of Motor:3 h	o Setting Dep	th: <u> </u>	r of Stages:		
	Pump Test Data	for Non Flowing Well			
Date Well Tested: 8-9-14		Duration of Pump Test (minir	num 4 hours): <u>24</u> hours		
Static Water Level (A): <u>140</u> Fee	t Below Land Surface	Pumping Water Level (B): _	NIA Feet Below Land Surface		
Drawdown [(B) - (A)]:ノA	Feet Below Land Su	face Test Pumping Rate:	<u>30</u> Gallons Per Minute		
Method of measurement (circle one): S	teel tape Electric t	ape Air line Other (describe):	string [neight		
	Pump Test Da	ata for Flowing Well			
Measured shut in head: $\underline{N^{1/2}}_{feet}$ feet. Well yielded $\underline{30}_{GPM}$ with a drawdown of $\underline{N^{1/2}}_{feet}$ feet after $\underline{\partial 1}_{hours}$ of pumping					
Well yielded GPM with a	drawdown of	Jr feet after 01			
Meter Installation					
Meter Manufacturer: Meter Serial Number:					
Meter Model Number/Name: NIA Type of Meter: NIA					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by: N A					
Is This Meter (circle one): New Repaired Replacement					
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 statements are true to the best of my knowledge.					
Jones Mosco 0-620 B-4-14 Jones Mosco Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer					
Print Name of Pump Installer and Lice	nse No. (if applicabl	e) Date Sign	nature of Pump Installer		
Frine nume of Fullp instance and ales			Form: OLWR-SWR-1B (4/13		

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