

380

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: H 270
Aquifer: _____
E-Log #: _____

County: Desoto
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 11-24-21

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.

RECEIVED
DEC 23 2021
BY OLWR

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mike Roday</u>	Latitude: <u>34°52'11.25" N</u> Longitude: <u>89°44'25.74" W</u>
Mailing Address: <u>14800 Fairview Lane</u> <u>(irrigation well)</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Byhalia MS 38611	<u>SW</u> NW 1/4 NW 1/4, Sec 33 T 25 R 5w
City State Zip Code	<u>1 1/8</u> Miles <u>NE</u> of <u>Stonewall</u>
Telephone No. (<u>727</u>) <u>510-2655</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-24-21 Date drilling completed: 11-24-21 Hole depth: 200 Hole diameter: 2"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm e grade

Logs run (circle all applicable): NO log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): NA

Purpose of borehole (circle one): Water Well Geotechnical/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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): NA

If a flowing well, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 96 feet [above or below] land surface Date measured: 11-24-21
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): string weight

Well depth: 200 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 170 feet to 200 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): NA

Top of lap pipe or reduction in casing: NA feet

If telescoped or more than one screen, describe on next page

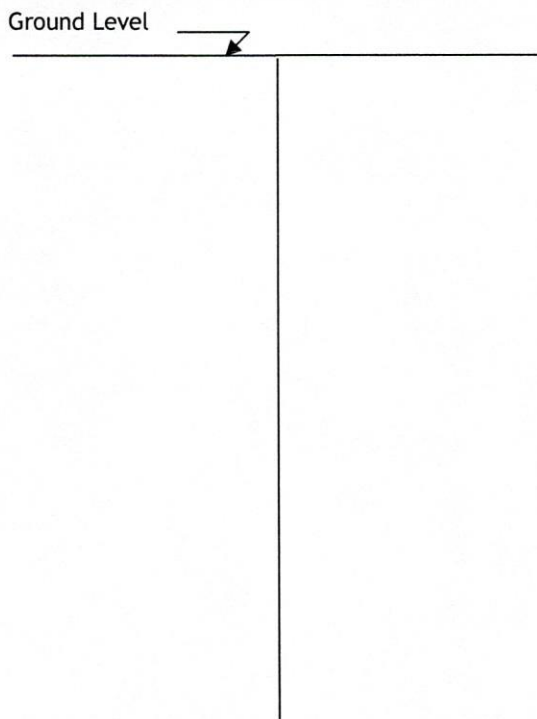
County: _____
Permit #: _____

For Office Use Only:
Well #: _____

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

If well telescopes, show depths on sketch.

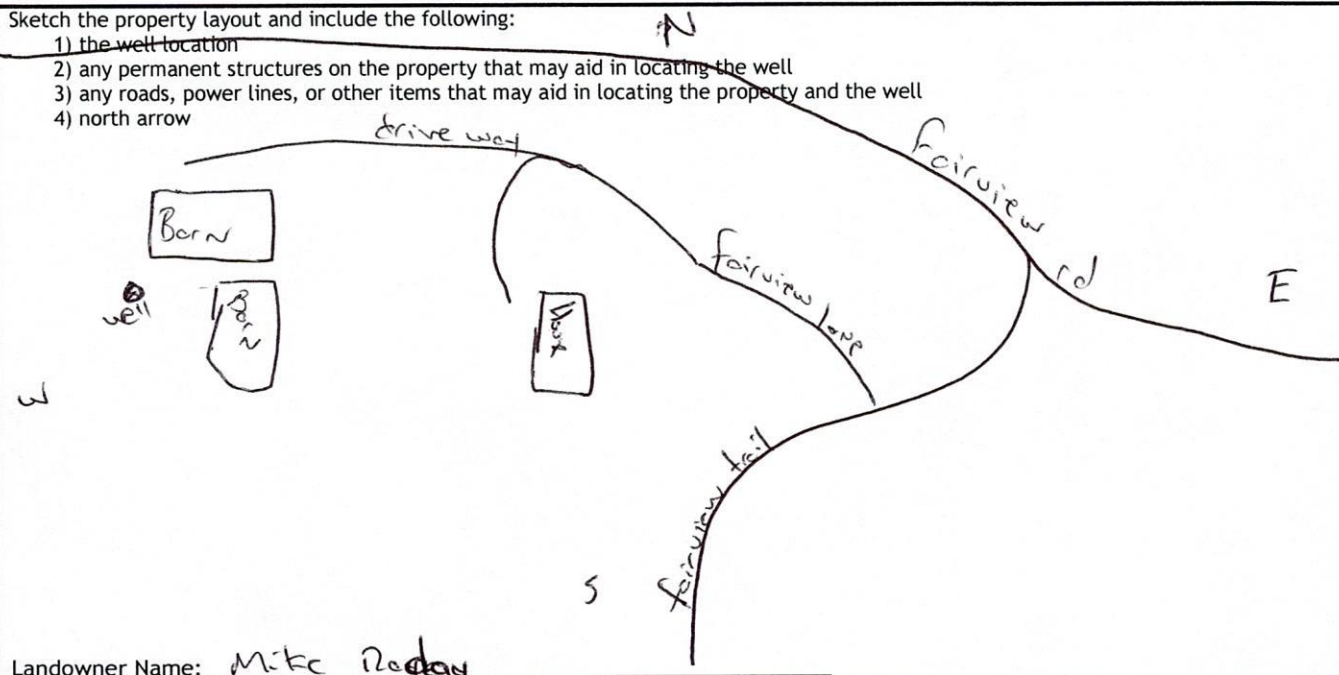


Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground level	10
gravel	10	30
white clay	30	50
gravel	50	70
white sand	70	200

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) north arrow



Landowner Name: Mike Padden

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. Moser 0-620 12-17-21 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

H270

County: Desoto
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 11-24-21
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: _____
RECEIVED
 Acquired: DEC 28 2021

BY OLWR

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: <u>Mike Roday</u>	Latitude: <u>34°52'11.25"N</u> Longitude: <u>89°44'25.74"W</u>
Mailing Address: <u>14800 Fairview Lane</u> <u>(irr. well)</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byhalia</u> <u>MS</u> <u>38611</u> City State Zip Code	<u>SW</u> 1/4 <u>NW</u> 1/4, Sec <u>33</u> T <u>25</u> R <u>5W</u>
Telephone No. <u>(228) 510-2655</u>	<u>1/8</u> Miles <u>NE</u> of <u>Stonewall</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11-24-21 Rated Pump Capacity: 60 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): NA
 Horse Power Rating of Motor: 5hp Setting Depth: 160 feet Number of Stages: 13

Pump Test Data for Non Flowing Well
 Date Well Tested: 11-24-21 Duration of Pump Test (minimum 4 hours): 24 hours
 Static Water Level (A): 96 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface
 Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String Weight

Pump Test Data for Flowing Well
 Measured shut in head: NA feet.
 Well yielded 60 GPM with a drawdown of NA feet after NA hours of pumping

Meter Installation
 Meter Manufacturer: NA Meter Serial Number: NA
 Meter Model Number/Name: NA Type of Meter: NA
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): NA
 Installation Date: NA Meter installed by: NA
 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 W. Mason 0-620 12-17-21 Jones W. Mason
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer