State W	ell Report			
County: Desoto Part 1 - I	For Office Use Only:			
Mississippi Departmen	t of Environmental Quality	Aquifer:		
	and Water Resources  Box 10631	Well #: K - 250		
I Driller: Johney Carly Willow	IS 39289-0631	L. S. Elevation:		
Date drilling completed: 11-17-66 (601)	961-5210			
(601)354	4-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp				
Information on Well Owner	· · · · · · · · · · · · · · · · · · ·	rehole Location		
(Landowner if borehole is not for a water well)	1 atitude: 34 . 49 .084	" Longitude: 90 º 04 , 643"		
Owner Name Crois Corter	Method of Lat/Long (circle of	38		
Mailing Address: 2910 fage (d.	Method of Lat/Long (circle of	ne): Conventional Survey,		
Walling Address. O 110 Fage 18.	USGS quad, Hand-held	GPS Survey-grade GPS		
Hernendo Ms 38637 City State Zip Code Distance Direction Nearest Town				
1 Miles S of Least an and C				
Telephone No. (662) 890 - 5629				
Wall / Rara	hole Data			
Well / Borehole Data  Date drilling started: ۱۱-۱۷-۵6 Date drilling completed: ۱۱-۱۷-۵6 Hole depth: ۱۵۲' Hole diameter: 7''				
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 Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 78 feet above of below (circle one) land surface Date measured: 11-38-06				
Method of Measurement (circle one) steel tape electric tape air line other: String (weight				
Well depth: 125 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 105 feet Casing diameter: 4 inches Type of casing: 900				
Screen length: 4 inches Type of screen: puc				
Screen slot size:010inches Setting depth: From105feet to175feet				

Underreamed Telescoped Open hole

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

Type of completion (circle all applicable) Gravel packed

Top of lap pipe or reduction in casing:

Other (describe):

Form: OLWR-SWR-1A

Natural Development

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The sketch below only required for water well	The	sketch	below	only	required	for	water	well
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## 

## 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 dirt.	Ground Level	38
while clan	32	38
grevel	38	78
سلارلو ولور	78	80
unhite good	30	95
per gravel	95	110
white soud	110	125

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the 4) a north arrow.	the property that may e property and the well;
\$	
house drive way	
Barn Barn	70
~	
Landowner Name: C(cig Corter	
	Form: OLWR-SWR-1

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. Moson 0-620. 12-2-06

Print Name of Responsible Licensee and License No.

Signature of Licensee

Signature of Licensee

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## STATE WELL REPORT Part 2 County: Desates For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources Driller: James w. Masan P.O. Box 10631 Well #: Jackson, MS 39289-0631 Date completed: 11-28-06 (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, 49, 054 Longitude: 90, 64, 642 Owner Name: Craia Carter Mailing Address: 2910 Method of Lat/Long (check one): Conventional Survey\_\_\_\_, USGS quad , Hand-held GPS , Survey-grade GPS Su 1/5 Suc 17 T 35 R &w Nearest Town Distance Direction Telephone No. (662) 890-5629 Miles 5 of trees corner **Power Type Pump Type** Circle one Circle one Natural Gas Diesel Engine Gasoline Engine Submersible Air Lift Jet Electric Moto Hand Tractor PTO Turbine Piston Bucket Other (specify): \_ Flowing Well Windmill Rotary Centrifugal 1,15 Horse Power Rating of Motor: Other (specify): \_ 100 Date Pump Installed: 11-38-06 Setting Depth: 14 Number of Stages: Rated Pump Capacity: 45 Gallons Per Minute Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: (1-28-06 Electric Measuring Line Steel Tape Air Line Static Water Level (A): 78 Feet Below Land Surface Other (specify): String | weight Pumping Water Level (B): PA Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_\_feet Drawdown [(B) - (A)]: Peet Below Land Surface 45 GPM with a drawdown of 45 Gallons Per Minute Well yielded Test Pumping Rate: \_\_\_ feet after 34 hours of pumping Duration of Pump Test (minimum 4 hours): A hours

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

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

Signature of Pump Installer

Form: PARSYE WED

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