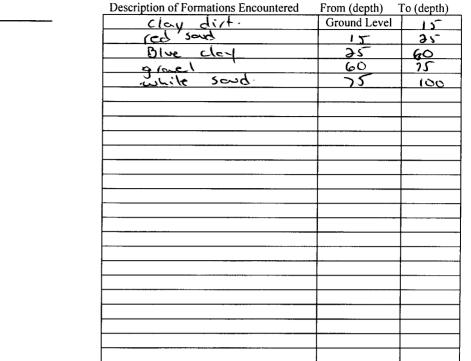
| County: Desoto Part 1 - I Permit #: | For Office Use Only: Driller's Log Int of Environmental Quality Matter Resources Box 2309 Int MS 39225 961-5210 1-5228 (fax) | | | | |
|--|--|--|--|--|--|
| State Law requires that this report be prepared by the lice Department at the above address within 30 days of comp Information on Well Owner (Landowner if borehole is not for a water well) Owner Name Douid McCou Mailing Address: 4048 w. OAK growerd Iteroordo Ms 38632 City State Zip Code Telephone No. (662) 404 - 1516 | Netion of drilling of the well or borehole. Well or Borehole Location 39 Latitude: 34 o 19 , or method of Location Latitude: 40 o 03 , or method of Lat/Long (circle one): Conventional Survey, USGS quad, Mand-held GPS, Survey-grade GPS SE 1/4 Sec 17 Twn 35 Rng 8 w Distance Direction Nearest Town 78 Miles SE of frees corners | | | | |
| Well / Borehole Data Date drilling started: $10 - 6 - 1^{1}$ Date drilling completed: $10 - 6 - 1^{1}$ Hole depth: 100^{1} Hole diameter: $6^{3} - 4^{1}$ Location of the source of any surface water used for drilling: AA Method of dosing and volume of Chlorine used in drilling and development: AA Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: AA Name of organization running $log(s)$: AA Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump_ | | | | | |
| Well depth: 100 Well grouted to a depth of 10 feet Type Casing length: 90 feet Casing diameter: 4 Screen length: 10 feet Screen diameter: 4 Screen slot size: 010 inches Setting depth: From Type of completion (circle all applicable): Gravel packed Underr | m. skip the remainder of this block | | | | |
| Other (describe): <u>۲</u> | Escoped or more than one screen, describe on next page Form: OFFECTION (000) NOV 0 7 2011 | | | | |



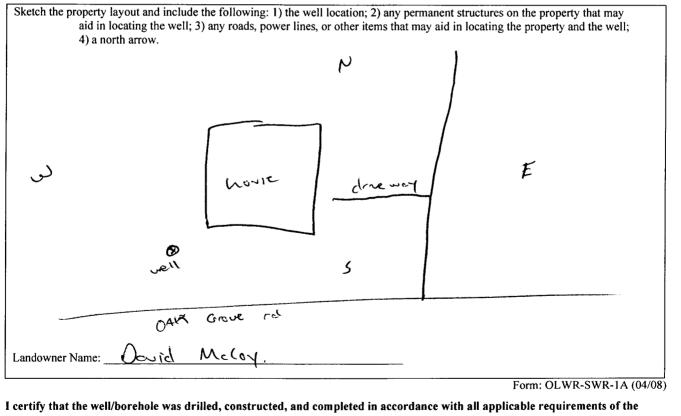
The sketch below only required for water wells

| If well telescopes, | show | depths | on sk | etch. |
|---------------------|------|--------|-------|-------|
| Ground Level. | | 7 | | |



<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

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



Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and sta

Date

laws. Janes w Majon 0-620 11-4-11

Signature of Licensee



| STATE WELL REPORT | | | | | |
|---|---|---|--|--|--|
| Driller: Janes w. Maso~ Date completed: <u>10 - 6 - 11</u> 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 (601)961-5210 (601)961-5228 (fax) | | For Office Use Only: Aquifer: Well #: K278 Elevation: | | |
| 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: Douid McCoy | | | Longitude: 90.03.650 | | |
| Mailing Address: 4048 W. OAK <u>Herrowdo</u> MS City State Telephone No. (662) 404 - 151b | <u>grov</u> e rd. | <u>SE ¼ SE ¼ Sec 17</u> Distance Direction | $GPS \underline{\ }, Survey-grade GPS \underline{\ }$ | | |
| Pump Type Circle one | | | ver Type rcle one | | |
| Air Lift Jet Subm | ersible | Diesel Engine Gasolin | e Engine Natural Gas | | |
| Bucket Piston Turbi | ne | Electric Motor Hand | Tractor PTO | | |
| Centrifugal Rotary Flow | ing Well | | specify): | | |
| Other (specify): | Horse Power Rating of Motor: | | | | |
| Date Pump Installed: 10 - 6 - 11 | Pate Pump Installed: <u>10-6-11</u> Setting Depth: | | | | |
| Rated Pump Capacity: Gallon | as Per Minute | Number of Stages: // | | | |
| Pump Test Data | | | asuring Water Level rcle one | | |
| Date Well Tested: <u>10-6-11</u> Static Water Level (A): <u>53</u> Feet Below Pumping Water Level (B): <u>44</u> Feet Below | Land Surface | | suring Line Steel Tape | | |
| Drawdown [(B) – (A)]: Feet Below | | For flowing well, measured sh | ut in head: <u>M</u> feet | | |
| Test Pumping Rate: <u><u></u><u></u> <u></u>Gallor</u> | | Well yielded $\rightarrow 0$ | | | |
| Duration of Pump Test (minimum 4 hours): 2 | | | $\partial \mathbf{q}_{hours}$ of pumping | | |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $ \underbrace{\text{Lines} \ \dots \ Mosc}_{\text{Vers}} \ \underbrace{\text{O-62e}}_{\text{Signature of Pump Installer}} \qquad \underbrace{\text{Mosc}}_{\text{Signature of Pump Installer}} $ Form: OLWR-SWR-1B (04/08). | | | | | |

* · · ·

 Signature of Pump Installer
 Form: OLWR-SWR-1B (04/08).

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BAODAB