	1 STATE WELL REPORT	
County: Desoto	Part 1	For Office Use Only:
Permit #:	Driller's Log Mississippi Department of Environmental Quality	Well #:K376
Permit #: Driller:CARS W-MOSON	Office of Land and Water Resources	Aquifer:
Date drilling completed: $7 - 28 - 16$	P.O. Box 2309 Jackson, MS 39225-2309	E-Log #:
	(601)961-5210	
	(601)360-0535 (fax)	the mean and filed with the
State Law requires that this report Department at the above address v	be prepared by the license holder responsible for twichin 30 days of completion of drilling of the well	or borehole.
Well Owner Informat	tion Well or Bore	ehole Location
(Landowner if borehole is not for	Latitude: <u>34 48 86,778</u> Lo	ngitude: <u>90°04'43,81"</u> W
Owner Name: Kenny D	Mathad of Lat / long (chack on	e): Conventional Survey,
Mailing Address: 3739 for	10 10 Just	
· · · · · · · · · · · · · · · · · · ·		$\operatorname{GPS}_{\mathcal{L}}$, Survey-grade $\operatorname{GPS}_{\mathcal{L}}$
Lity State		19 T 35 R 8W
	Miles C	of <u>frees Corners</u> (Nearest Town)
Telephone No. (<u>901</u>) <u>490-30</u>	(Distance) (Direction)	(Nearest Town)
	Well / Borehole Data	
Date drilling started: 7-28-16 Date	e drilling completed: <u>7-28-16</u> Hole depth: <u>12</u>	0' Hole diameter: $7''$
Location of the source of any surface		
	ine used in drilling and development:	and a conter
	Electric Gamma Ray Density Sonic Neutro	bii Other
Name of organization running log(s):		
Purpose of borehole (circle one): Wate	r Well Geotechnical/Geological Investigation	Ground Source Heat Pump
Seisn	nic Survey Other (<i>describe</i>)	
If drilling is not rea	lated to water well construction, skip the remainde	r of this block
Purpose of Well (circle all applicable)	Home Industrial Public Supply Irrigation	Fish Culture
Other (describe):		
If a flowing well, method of flow regu	lation: Valve Other (<i>describe</i>)	NIA
	t [above or below]) and surface Date measure	
	(encle one)	
Method of measurement (circle one):	Steel tape Electric tape Air line Other (<i>describe</i>)	: stry/weight
Well depth: 120 Well grouted to a	a depth of: <u>10</u> feet Type of grout (<i>circle one</i>)	: Neat Cement Bentonite, Mix
Casing length: <u>100</u> feet C	asing diameter:inches Type of	casing:
	Screen diameter: <u> </u>	v l
	Setting depth: From $i \circ \circ$ feet to	
	le): Gravel packed Underreamed Open hole	
	onderreamed open note	LASSOID
		AUG 3020
Top of lap pipe or reduction in casing: If teleso		Re RVOIN

2 Form: OLWR SWR-1A (4/13)

County: _	
Permit #:	

I	or O	ffice l	Use Only:
Well #	¥	314	

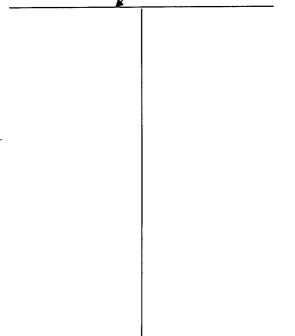
The sketch below only required for water wells

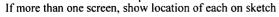
<u>Description of formations encountered must be provided for all wells</u> and boreholes, unless specifically exempted by regulations

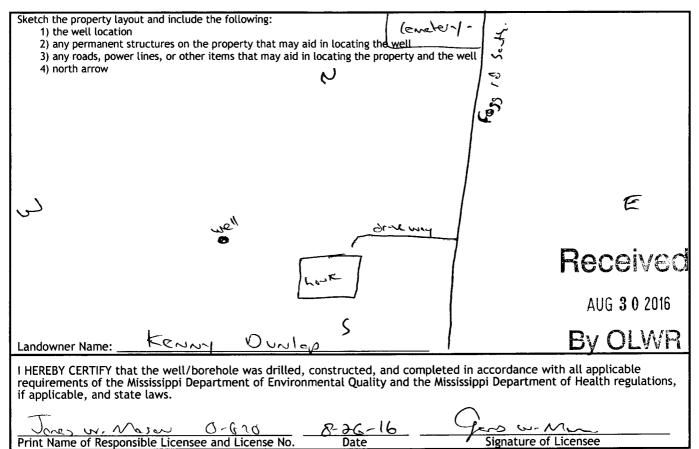
Description of Formations Encountered	From (depth)	To (depth)
Clea dert		90
cley dert white cley. grues-	20 45	45
gruel-	45	120
<u>_</u>		
		·······

Ground Level

If well telescopes, show depths on sketch.







STATE WELL REPORT			
County: Desoto Part 2	For Office Use Only:		
Permit #: Pump Installer's Completion Report	Well #:		
Driller: Joej w-Masen Mississippi Department of Environmental Quality Office of Land and Water Resources	well #:		
Date completed: フー み る ー い ん P.O. Box 2309 Jackson, MS 39225-2309 Jackson, MS 39225-2309	Aquifer:		
Copy information from block on Part 1 (601)961-5210			
(601) 360-0535 (fax)			
This part of the report must be completed by a licensed water well contractor or a licensed pum of the report must be attached and both parts filed with the Department at the above address wi	p installer. A copy of Part 1 thin 30 days of well completion		
Well Owner Information Well Lo			
wher Name: Kenny Dunlap Latitude: 34°48'26,77" Long	itude: 90'04'43.81'in		
	Method of Lat/Long (check one): Conventional Survey,		
USGS quad, Hand-held GP			
City State Zip Code Image: Telephone No. (201) U20-3066 Image: Small state Image: Telephone No. (201) U20-3066 Image: Small state	(Nearest Town)		
Pump Type (circle one)			
ubmersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (des	cribe):		
Date Pump Installed: $2 - \frac{3}{2} - \frac{3}{2} - \frac{3}{2} = \frac{3}{2}$ Rated Pump Capacity: 3			
s This Pump (circle one): (New, Repaired Replacement			
Power Type (circle one)			
lectric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):			
Horse Power Rating of Motor: 1.5 Setting Depth: 80 feet Number of	of Stages:] [
Pump Test Data for Non Flowing Well			
Date Well Tested: $2 - 28 - 16$ Duration of Pump Test (minimu	m (hours): 24 hours		
tatic Water Level (A): <u>51</u> Feet Below Land Surface Pumping Water Level (B):			
Drawdown [(B) - (A)]: \bigwedge \bigwedge Feet Below Land Surface Test Pumping Rate:			
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: $\underline{N} \underline{N} \underline{K}$ feet.			
Vell yielded $\mathcal{D}\mathcal{F}_{GPM}$ with a drawdown of $\mathcal{N}\mathcal{M}_{feet}$ feet after h	ours of pumping		
Meter Installation			
Neter Manufacturer: A A Meter Serial Number:	NA		
Meter Model Number/Name: //[4 Type of Meter:	~ IA		
otalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):N (A			
nstallation Date:/ Meter installed by: N(A			
This Meter (circle one): New Repaired Replacement			
Important: By submitting the above information you are certifying that this meter was install. For agricultural wells, a list of approved meters is on the MDEQ we	ed to manufacturer standards. osite.		
HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Receiv		
HEREDI CERTIFI that the above statements are true to the best of my knowledge.			
Jores w. Major 0-620 8-26-16 900	re of Pump Installer		