State Well Report				
Derak	Part 1 – I	For Office Use Only:		
County: Desoto	Land to the control of the land to the lan		Aquifer:	
Permit #:	Office of Land and Water Resources No. Rev. 10621 Well #: L-1/7		Wall # L - 1/7	
Driller Jans W. Moson	P.O. Box 10631			
		IS 39289-0631	L. S. Elevation:	
Date drilling completed: $9-38-07$		961-5210		
	(601)35	4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address	rt be prepared by the lic	ense holder responsible for a	the work and filed with the for borehole.	
Information on Well		Well or Bo	orehole Location	
(Landowner if borehole is not f		211.50.459	89 57 .515.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A\ .	Latitude: 39 ° 30 ', 13 1	_" Longitude:	
Owner Name Micheel Aus		Latitude: 34 . 50 .459 " Longitude: 89 .57 ,515 ", Method of Lat/Long (circle one): Conventional Survey,		
Mailing Address: 1780 Nothing	ashill drive	·		
		USGS quad, Hand-held	I GPS, Survey-grade GPS	
Lecusia M	(1 35x-37	1 1 1 1 1 Sec 1	Iwn Kng /W	
City Ste	te Zin Code	Distance Direction	Nearest Town	
,	-	114 Miles NE	Nearest Town of hermondo	
Telephone No. (66) 393 - 8888				
	Wall / Down	ehole Data 215'		
_		9.3	. 21	
Date drilling started: (9-38-67) Date de				
Location of the source of any surface wat	er used for drilling: NA	1		
Method of dosing and volume of Chlorir	e used in drilling and deve	lopment:		
Location of the source of any surface water used for drilling: NA Method of dosing and volume of Chlorine used in drilling and development: 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: 80 feet above of below circle one) land surface Date measured: 10-3-07				
Method of Measurement (circle one) steel tape electric tape air line other: string weight				
Well depth: Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 195 feet Casing diameter:				
Screen length: 30 feet Screen diameter: 4 inches Type of screen: poc				
Screen slot size: OlO inches Setting depth: From 4 feet to poly feet				
Type of completion (circle all applicable): Gravel packet Underreamed Telescoped Open hole Natural Development				
	Other (describe):			

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

Top of lap pipe or reduction in casing:

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The sketch	helow onl	y required for	water wells
I HE SKELLI	DELOW OIL	y required for	77 44-01 77 0112

If well telescopes,	show	depths	on	sketch.
Ground Level.		7		

Description of formations encountered must be provided for all	
wells and boreholes, unless specifically exempted by regulation	S

From (depth)	lo (depth)
	90
	80
45	
03	140
	180
	135
185	215
	From (depth) Ground Level 30 45 80 140 185

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

Sketch the property layout and include the following: 1) to aid in locating the well; 3) any roads, power 4) a north arrow.	the well location; 2) any permanent structures on the property r lines, or other items that may aid in locating the property an	d the well;
ho ho	<i>U36</i>	E
Landowner Name: Micheel Austin	V	

Form: OLWR-SWR-1A

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

Jones w. Moson 0-620	10-21-07.	Gens S. Man
Print Name of Responsible Licensee and License No.	Date	Signature of Licen RECEIVE

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BY: OLWR

STATE WELL REPORT

County: Desato Date completed: 10-3-07 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 10631 Jackson, MS 39289-0631

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

(601)961-5210 (601)354-6938 (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: Micheel Austin Latitude: 34-50, 459 Longitude: 89, 57, 515 Mailing Address: 1780, No Hinghill drive Method of Lat/Long (check one): Conventional Survey, USGS quad____, Hand-held GPS , Survey-grade GPS NE 4 SE 4 Sec 7 T 35 R Distance Direction Nearest Town Telephone No. (463) 393-8888 1 Miles NE of Hernando **Pump Type** Power Type Circle one Circle one Air Lift let Submersible Gasoline Engine Diesel Engine Natural Gas Bucket Electric Motor Piston Turbine Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): _ Other (specify): Horse Power Rating of Motor: Date Pump Installed: しゅっ3・ゅう 1200 Setting Depth: Rated Pump Capacity: 3 \(\) Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: (0 · 3 - 0) Air Line Electric Measuring Line Steel Tape Static Water Level (A): & Feet Below Land Surface Other (specify): String I weigh Pumping Water Level (B): Feet Below Land Surface Drawdown [(B)-(A)]: Feet Below Land Surface For flowing well, measured shut in head: 90 Test Pumping Rate: ___ Gallons Per Minute Well yielded GPM with a drawdown of 24 Duration of Pump Test (minimum 4 hours): A hours feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
T	M.
Joses m. Meson O-630	Jan W. 1 De
Print Name of Pump Installer and License No. (if applicable)	/ Signature of Pump Installer
	Form CITWR-SIAGE-1B

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