County: DeSoto	State Well Report Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #: M5-GW-16545	Office of Land and Water Resources	Well#: LIBC
Driller: Donald SmithCo.	P.O. Box 10631	well #:
Date drilling completed: 05/17/11	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: US 11 11 11	(601)961-5210	
<u>.</u>	(601)354-6938 (fax)	E-log #:

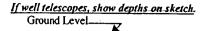
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

	bleuon of unnung of the well of borenoic.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)				
Owner Name North MS Utility Co., INC	Latitude: <u>34 ° 48 ' 48</u> " Longitude: <u>89 ° 57 ' 09</u> "			
	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: PO Box 362	USGS quad, (Hand-held GPS) Survey-grade GPS			
Heralanida MS 38630	NW 1/ NW 1/ Sec 21 Twn 035 Rng 07W			
HerNando MS 38632 City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	Milesof			
XY/ 11 / 35	Jaybird			
Well / Bore	· ·			
Date drilling started: $12 06 ^{0}$ Date drilling completed: $5 17 11$ Hole depth: $323'$ Hole diameter: $978''$				
Location of the source of any surface water used for drilling: <u>public Water Supply</u> Method of dosing and volume of Chlorine used in drilling and development: <u>potable water used</u>				
Logs run (circle all applicable): No log run (Electric) Gamma Ray Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well 🖉 Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe	A			
If drilling is not related to water well construction				
A writing to not reduce to which well construction	nt, ship 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 C	Other (describe)			
Static Water Level: 141 feet above or below (circle one) land surface Date measured: 03 04 11				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 295 Well grouted to a depth of 220 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: <u>220</u> feet Casing diameter: <u>20</u> inches Type of casing: <u>Carbor S+-Conted</u> IO				
Screen length: <u>70</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>55</u>				
Screen slot size: ,030 inches Setting depth: From 225 feet to 295 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing: feet. If te	lescoped or more than one screen, describe on next page			

Form: OLWR-SWR-1A

St. Grad

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

	· · · · · · · · · · · ·	· ··· ··
Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red Saven Clay	0	
White Streaks of Clay+ San	2 17	30
Pea Gravel, Course Sand	30	58
Pea Gravel,	58	68
Rea Gravel White Clay	68	85
Sand + Clay	85	120
Sand Shale Clay	120	254
White Clay	256	270
Sand & Shalle	270	
White Clay Shale Pink G	umbo 300	323
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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) a north arrow.

Landowner Name:

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

2011

laws. Poneld Smith Co. INC 0-767 8

) mald Smith

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT				
Permit #: <u>MS-GW-16545</u> Driller: <u>DoNald SmithCs</u> . Date completed: <u>08/10/2011</u> <u>Copv information from block on Part 1</u> This part of the report must be completed by a licensed water well	Part 2 's Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax) contractor or a licensed pump installer. A copy of Part 1 of the			
Well Owner Information Owner Name: <u>North MS Ut; 1, ty Co.</u> , Iwc Mailing Address: <u>PO Box 362</u> <u>Herwawdo MS 38632</u> City State Zip Code	at the above address within 30 days of well completion. Well Location Latitude: $34^{\circ}43' 48N''$ Longitude: $89^{\circ}57' 09 W''$ Method of Lat/Long (check one): Conventional Survey_, USGS quad, Eand-held GPS_, Survey-grade GPS_ $NW \% NW \% Sec_{21} T 03S R 07W$ Distance Direction Nearest Town <u>1</u> Miles <u>E</u> of <u>Herwando</u> Jaybird			
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):			
Pump Test Data Date Well Tested: Date Well Tested: Date Well Tested: Static Water Level (A): Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]:	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):			
I HEREBY CERTIFY that the above statements are true to the best of $\frac{\text{Denald E}}{\text{Print Name of Pump Installer and License No. (if applicable)}}$				