

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: L152
Aquifer: _____
E-Log #: _____

County: Desoto
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 7-5-16

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Sarah Lyons</u>	Latitude: <u>34°48'19.02"N</u> Longitude: <u>89°56'51.11"W</u>
Mailing Address: <u>3750 Jaybird</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> MS <u>38632</u>	<u>NE 1/4 SW 1/4, Sec 21 T 3S R 7W</u>
City State Zip Code	<u>23 1/4</u> Miles <u>SW</u> of <u>Bright</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(901) 493-1991</u>	

Well / Borehole Data
Date drilling started: <u>7-5-16</u> Date drilling completed: <u>7-5-16</u> Hole depth: <u>200'</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>5 ppm and greater</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>N/A</u>
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): <u>N/A</u>
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>
Static Water Level: <u>118</u> feet [above or <input checked="" type="checkbox"/> (below)] and surface Date measured: <u>7-6-16</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>string/weight</u>
Well depth: <u>200</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>180</u> feet to <u>200</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): <u>N/A</u>
Top of lap pipe or reduction in casing: <u>N/A</u> feet

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

Received

AUG 11 2016

By OLWR

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

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: 2152
 Aquifer: _____

County: Desoto
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 7-6-16
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 Owner Information	Well Location
Owner Name: <u>Sarah Lyons</u>	Latitude: <u>34°48'19.02"N</u> Longitude: <u>89°56'51.11"W</u>
Mailing Address: <u>3750 Jaybird</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> MS <u>38632</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>21</u> T <u>33</u> R <u>7W</u>
City State Zip Code	<u>234</u> Miles <u>SW</u> of <u>Bright</u>
Telephone No. <u>(901) 493-1991</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7-6-16 Rated Pump Capacity: 20 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1.5 Setting Depth: 140 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 7-6-16 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 118 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 20 Gallons Per Minute

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: N/A feet.

Well yielded 20 GPM with a drawdown of N/A feet after 24 hours of pumping

Meter Installation

Meter Manufacturer: N/A Meter Serial Number: N/A

Meter Model Number/Name: N/A Type of Meter: N/A

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A

Installation Date: N/A Meter installed by: N/A

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

Received

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

AUG 11 2016

Jones W. Mason 0-620 8-4-16 Jones W. Mason
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer