

County: Oesoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date drilling completed: 11-9-04

### Well Driller Report and Well Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M-143  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information  | Well Location  |
|---|--|
| Owner Name: <u>MATT Morgan</u>  | Latitude: <sup>3A</sup> <del>46</del> ° <u>47</u> 38 Longitude: <u>89</u> ° 48 <u>05</u> |
| Mailing Address: <u>10110 hunters walk</u><br><u>fox glenn subdivisions</u> | Method of Lat/Long (circle one): Conventional Survey,                                    |
| <u>heraldo</u> MS <u>38632</u>  | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                                       |
| City State Zip Code   | <u>NW SE</u> <u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>26</u> Tm <u>3S</u> Rng <u>5W</u>        |
| Telephone No. <u>(901) 848-0430</u>   | Distance <u>1.14</u> Miles Direction <u>SE</u> of Nearest Town <u>Cockrum</u>            |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 11-9-04 Date well drilling completed: 11-9-04

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 51 feet above or below (circle one) land surface Date measured: 11-15-04

Method of Measurement (circle one) steel tape electric tape air line other: string / weight

Hole depth: 135' Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 125 feet to 135 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jones W. Mason 0-620  
 Print Name of Water Well Contractor and License No.

Jones W. Mason  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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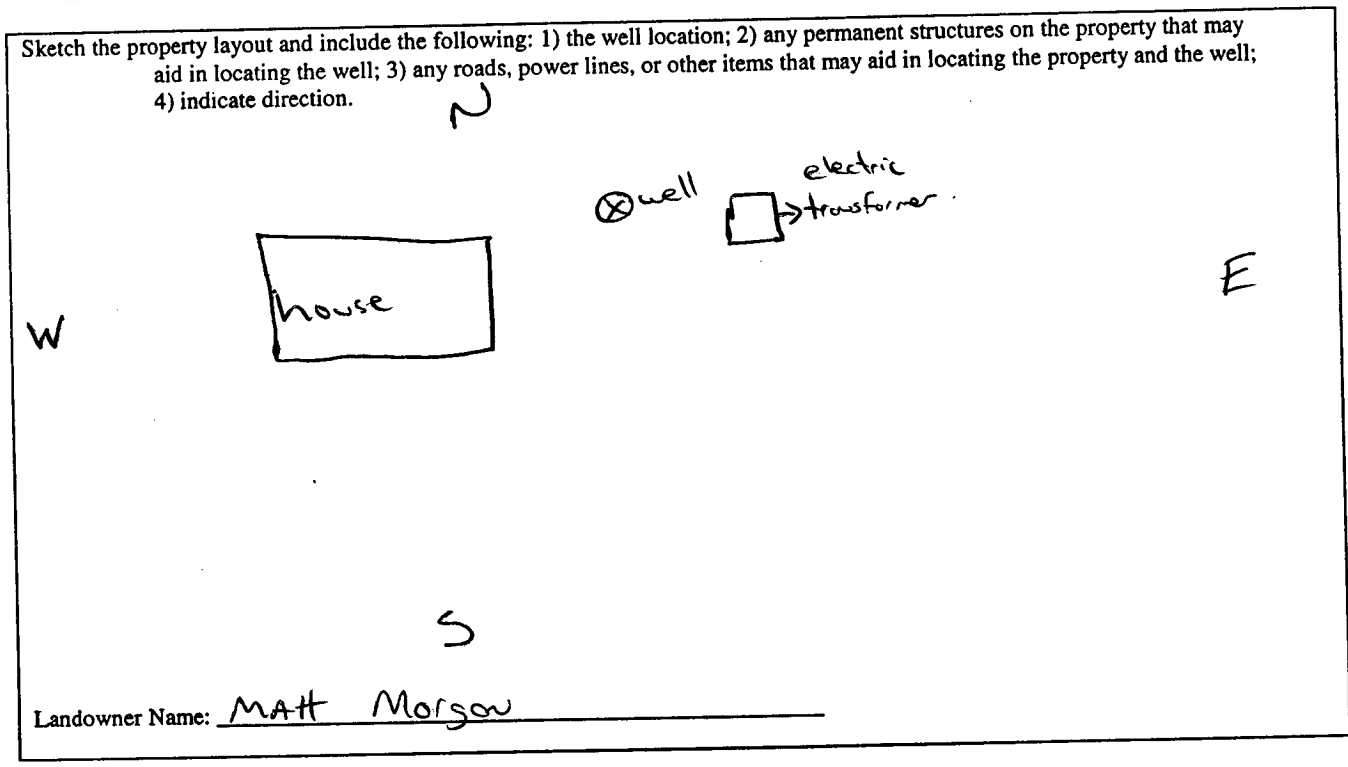
If well telescopes please sketch below and show depths.

| Ground Level |
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| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| clay dirt.                            | 0    | 10  |
| gravel                                | 10   | 35  |
| white clay                            | 35   | 50  |
| white sand                            | 50   | 135 |
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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) indicate direction.



Landowner Name: MATT Morgan

Gas W. Mason  
Signature of Water Well Contractor

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# STATE WELL REPORT

## 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  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M 143 33

Elevation: \_\_\_\_\_

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones W Mason  
 Date completed: 11-15-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information  | Well Location   |
|---|---|
| Owner Name: <u>MATT Morgan</u>  | Latitude: <u>46.50.691</u> Longitude: <u>089.48.073</u>   |
| Mailing Address: <u>10110 hunters walk</u><br><u>fox glen subdivision</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>herndon ms 38632</u><br>City State Zip Code                            | <u>SE 1/4 NW 1/4 Sec 36 Twn 3S Rng 5W</u>   |
| Telephone No. <u>(901) 848-0430</u>                                       | Distance Direction Nearest Town<br><u>1 1/4</u> Miles <u>SE</u> of <u>Cockrum</u>                           |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <u>Submersible</u>                   | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine                             | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                   | Windmill Other (specify): _____           |
| Other (specify): _____                            | Horse Power Rating of Motor: <u>1 1/2</u> |
| Date Pump Installed: <u>11-15-04</u>              | Setting Depth: <u>100'</u> feet           |
| Rated Pump Capacity: <u>18</u> Gallons Per Minute | Number of Stages: <u>14</u>               |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one            |
|--|--|
| Date Well Tested: <u>11-15-04</u>                          | Air Line Electric Measuring Line Steel Tape              |
| Static Water Level (A): <u>51'</u> Feet Below Land Surface | Other (specify): <u>String / weight</u>                  |
| Pumping Water Level (B): <u>NA</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>N/A</u> feet |
| Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface    | Well yielded <u>18</u> GPM with a drawdown of            |
| Test Pumping Rate: <u>18</u> Gallons Per Minute            | <u>NA</u> feet after <u>24</u> hours of pumping          |
| Duration of Pump Test (minimum 4 hours): <u>24</u> hours   |  |

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

Jones W Mason Jones W Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLIVER

033 M-143

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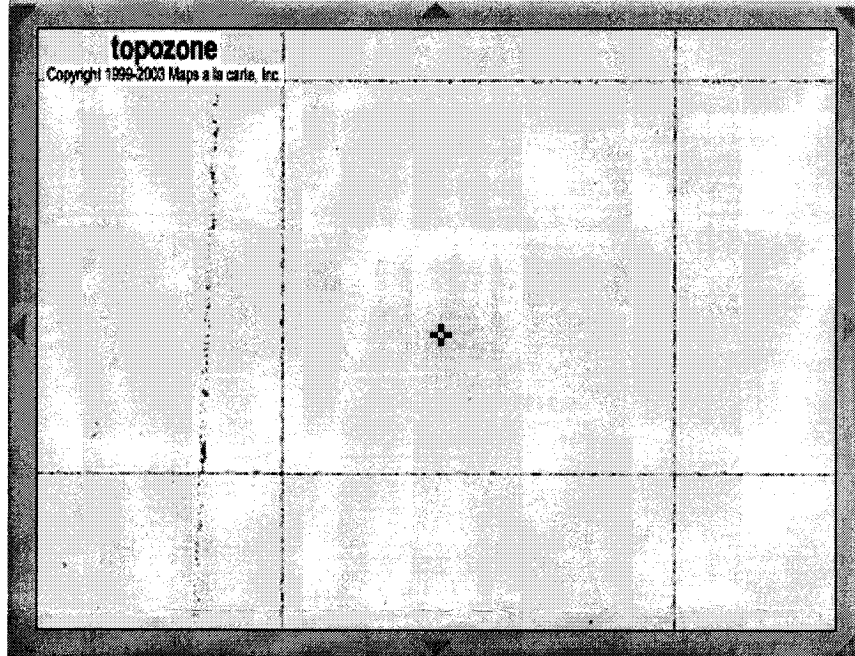
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46° 51' 09"N, 89° 48' 07"W (WGS84/NAD83)

USGS **Carp River** Quad

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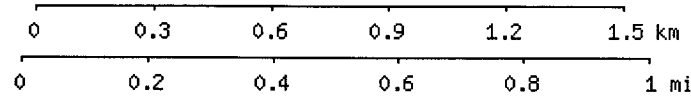
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MK

M=-2.209

G=-2.046

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