County: Desoto	Well Driller Re	port and Well Log	For Office Use Only:
Permit #:	Mississinni Donortmon	t of Environmental Quality	Aquifer:
Driller: Jones w. Masa	Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210		Well #: <u>M - 153</u>
Date drilling completed: 4-4-05			L. S. Elevation:
			E-log #:
	(601)35	4-6938 (fax)	L
State Law requires that this	report be prepared by the	driller in detail and filed with	h the Department within
30 days of completion of dril Well Owner Infor		Wall	Location
Owner Name Woody W	reads	Latitude: 39 • 97 , 113	"Longitude: $\frac{289}{77}$, $\frac{48}{77}$, $\frac{388}{77}$
Mailing Address: LOT 5		Method of Lat/Long (circle o	ne): Conventional Survey,
South Des	oto forms	USGS quad, Hand-held	GPS) Survey-grade GPS
(oldwoter	MS	SE 1/4 NW1/4 Sec 35	Twn <u>35</u> Rng 645
		Distance Direction	
Telephone No. (901) 487 5	726		of Cockrum
	Well	Data	
Date well drilling started: $4-4$ If flowing, method of flow regulation Static Water Level: 05 fe Method of Measurement (circle one) Hole depth: $155'$ We Type of grout (circle one): Cement Casing length: $145'$ feet Screen length: 16 feet Screen slot size: 03 inc	: Valve $\underline{} A$ Other set above or below (circle or steel tape electric t 11 depth: $\underline{} 55'$ t Bentonite M Casing diameter: $\underline{} 4$ Screen diameter: $\underline{} 4$	er (describe) ne) land surface Date measur ape air line other: Well grouted to a depth fix inches Type of casin inches Type of scree	red: <u>4-4-05</u> <u>String (weight</u> of <u>10</u> feet g: <u>puc</u> n: <u>puc</u>
Type of completion (circle all applica	ble): Gravel packed U	nderreamed Telescoped (Open hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing	: <u>NA</u> feet. 1	if telescoped or more than on	e screen, describe on back of page
Logs run (circle all applicable): No l			
		ing Denoity Some round	
Name of organization running log(s): I certify that the well was drilled, constructed	ed, and completed in accordance	with all applicable requirements of t	he Mississippi Department of
Environmental Quality and/or the Mississip			
Jones W. Meson	0-670	Orman -	Mase
Print Name of Water Well Contractor		Signature	of Water Well Contractor
rint name of water well Contractor	and License no.	Signature	of trater tren condactor

If well telescopes please sketch below and show depths.

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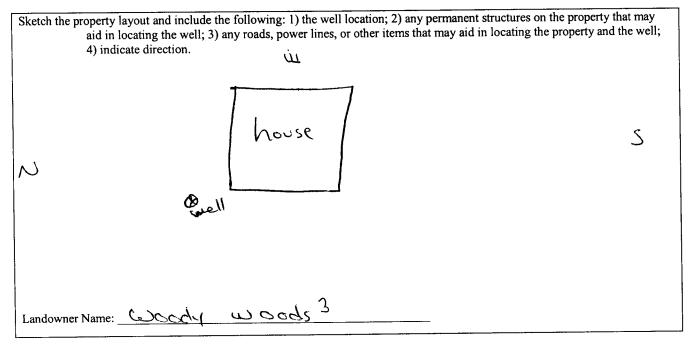
#

	M-153		
Ground Level	Description of Formations Encountered	From	
	clay dirt.	\bigcirc	25
	while class	25	40
	white soud	40	60
	while class	60	105
	white score!	105	155
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If more than one screen, show location of each on sketch

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Signature of Water Well Contractor

and the second second

Coursp. <u>Destion</u> For Office to Books Pump Installer's Completion Report Musicistippi Department of Environmental Quality Date completed <u>4-4-05</u> This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Owner Name: <u>Locody</u> woods Latitude: <u>34, 47, 113</u> Longitude: <u>DEF 48, 3285</u> (Ga) Musing Address: <u>Lot 5</u> <u>Well Owner Information</u> Well Owner Information			ELL REPORT Part 2	_
Mississippi Department of Environmental Quilty Mississippi Department of Environmental Quilty Differ of Land Mater Resources P.O. Box 10631 Date complete: $(4-4-65)^{-1}$ This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the Installation of pump. Accept on this report. Well over 1 formation Well 7: 5 Missistippi Department of Environmental Quilty Well 7: 5 Well 7: 6: 7: 8: 3226 Well 7: 13 Contrue within 30 days of the Installation of pump. Accept on the Nois 39289-0631 Missistippi Department of Environmental Quilty Well 7: 13 Contrue within 30 days of the Installation of pump. Accept on this report. Well Over Type Context colspan="2">Context colspan="2">Mathed of Lat/Long (circle one): Conventional Survey, USGS quad, fund-held OPS) survey-grade GPS Pump Type Context colspan="2">Context colspan="2">Context colspan="2">Context colspan="2">Mathed of Lat/Long (circle one): Conventional Survey, USGS quad, fund-held OPS) survey-grade GPS Pump Type Circle one Di	County: Desato			For Office Use Only:
Office of Land and Water Resources Define of Land and Water Resources Derive of Land and Water Resources Water Colspan="2">Derive of Land and Water Resources Water Colspan= Colspan		Mississippi Departmen	and Water Resources	
Date completed: $4 - 4 - 4 - 5 - 5$ Jackson, MS 39289-0631 (601)354-6938 (fax) This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the Installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Name: $(\Delta Cody = \Delta Cody = $	Driller: Jores w. Mason	Office of Land a		
(601)951-5210 (601)951-5210 (601)951-6938 (fax) This report must be prepared by the pump installed in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report. Well Owner Information Well Owner Information Owner Name:	Date completed: 4-4-05			
This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the Installation of pump. A copy of Part 1 of this report. Well Owner Information Well Owner Information Owner Name: $\Box \Box \Box \Box \Box = 1$ of this report. Well Owner Information Owner Name: $\Box \Box \Box \Box \Box = 1$ Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan=	······	(601)	961-5210	
Installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Well Average in the interval of the inte	This report must be prepar	(601)35 red by the nump installer in	4-6938 (fax) detail and filed with the De	nortmont within 20 days of the
Number of the sector of the s	installation of pump. A cop	y of Part 1 of this report m	ust be attached to this repor	t.
Mailing Address: $\Box \Box T$ Suth $D \leq Sch$ $fcims$ CityStateZip CodeCityStateZip CodeCityStateZip CodeCityStateZip CodeDependence No. (Gol) $4877-57766$ DistancePump TypeCircle oneDistanceCircle oneCircle oneAir LiftJetSubmersibleBucketPistonTurbineBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Well Owner Inf	ormation	We	ll Location
CityStateZip CodeCityStateZip CodeCityStateZip CodeDistanceDirectionNearest Town('14) MilesSof $(ock)/(uc)$ Pump TypeCircle oneCircle oneCircle oneAir LiftJetSubmersibleBucketPistonTurbineBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):	Owner Name: Woody	-cods	Latitude: <u>34.47.113</u>	Longitude: <u>し89. 48. うきき</u>
Coldworkst M.S. City State Zip Code City State Zip Code Distance Direction Nearest Town (14) Miles S of (action) Octo Pump Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):			Method of Lat/Long (circle one): Conventional Survey.	
ColdworkM.5. CityStateZip CodeCityStateZip CodeCityStateZip CodeDistanceDirectionNearest Town (14) MilesS of Coc E/ComPump Type Circle onePower Type Circle oneAir LiftJetSubmersibleBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):			USGS quad, Ka	and-held GPS. Survey-grade GPS
Distance Direction Nearest Town 1 Clephone No. (GOL) $487-5776$ Distance Direction Nearest Town 1 Clephone No. (GOL) $487-5776$ Image: Construction of Pump Type Circle one One Submersible Pump Type Circle one Circle one Distance Power Type Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Image: Circle one Date Pump Installed: $4-4-05^-$ Gallons Per Minute Number of Stages: Image: Circle one Number of Stages: Image: Circle one Method of Measuring Water Level Circle one Air Line Electric Measuring Uater Level Circle one Date Well Tested: Image: Circle One Air Line Electric Measuring Uater Level Circle one Static Water Level (A): Image: Circle One Air Line Electric Measuring Uater Level Circle one Date Well Tested: Image: Circle One Air Line Electric Measuring Uater Level Circle one Static Water Level (A): </td <td colspan="3"></td>				
Telephone No. $(90l)$ $487-5776$ Pump Type Circle one Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	City State Zip Code			
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):				
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Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):				
Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet	Submersible	Diesel Engine Gase	oline Engine Natural Gas
Other (specify): Date Pump Installed: $4-4-05^{-}$ Rated Pump Capacity: 2 Gallons Per Minute Pump Test Data Date Well Tested: $4-4-05^{-}$ Static Water Level (A): 105^{-} Feet Below Land Surface Pumping Water Level (B): $2A^{-}$ Feet Below Land Surface Drawdown [(B)-(A)]: $2A^{-}$ Feet Below Land Surface Test Pumping Rate: $(2 - 65^{-})$ Gallons Per Minute Duration of Pump Test (minimum 4 hours): 24^{-} hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Test Pumping Water Level (M): 24^{-} hours Horse Power Rating of Motor: $3/4^{-}$ Setting Depth: 130^{-} feet Number of Stages: 11^{-} Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): $54c_{1} + 3c_{2} + (2e_{1} + 6e_{1} + 6e_{2} + 6e_{1} + 6e_{2} + 6e_{1} + 6e_{2} + $	Bucket Piston	Turbine	Electric Motor Han	d Tractor PTO
Other (specify):	Centrifugal Rotary	Flowing Well	Windmill Othe	er (specify):
Date Pump Installed: $4 - 4 - 05^{-}$ Setting Depth: 130^{-} feet Rated Pump Capacity: $(2^{-})^{-}$ Gallons Per Minute Number of Stages: 11^{-} Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: $4 - 4 - 05^{-}$ Air Line Electric Measuring Line Steel Tape Static Water Level (A): 105^{-} Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Other (specify): $54rio_{0}$ ($0eight$) $0eight$ Feet Gelow Land Surface For flowing well, measured shut in head: $0eight$ Drawdown [(B) - (A)]: $0eight$ Feet Below Land Surface For flowing well, measured shut in head: $0eight$ Duration of Pump Test (minimum 4 hours): $0eight$ hours $0eight$ $0eight$ hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $0eight$ $0eight$ $0eight$	Other (specify):			
Rated Pump Capacity: () Gallons Per Minute Number of Stages: () Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: ()	Date Pump Installed:	1-05		
Pump Test DataMethod of Measuring Water Level Circle oneDate Well Tested: $4 - 4 - 05$ Static Water Level (A): 105 Feet Below Land SurfaceAir LinePumping Water Level (B): NA Feet Below Land SurfaceOther (specify):Drawdown $[(B) - (A)]$: NA Feet Below Land SurfaceFor flowing well, measured shut in head:Test Pumping Rate:(2 Gallons Per MinuteWell yieldedDuration of Pump Test (minimum 4 hours): 24 hours NA feet after 24 HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Rated Pump Capacity: 12	Gallons Per Minute		
Date Well Tested: $4-4-05$ Static Water Level (A): 105 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: (2) Gallons Per Minute Duration of Pump Test (minimum 4 hours): 24 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. $Main Line Circle one $				· · · · · · · · · · · · · · · · · · ·
Date Well Tested: $4 - 4 - 65$ Static Water Level (A): 105 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface Test Pumping Rate: $(2$ Gallons Per Minute Duration of Pump Test (minimum 4 hours): 24 hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Pump Test	Data		
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Pumping Water Level (B): \underline{NA} Feet Below Land Surface Other (specify): \underline{String} ($weight$ Drawdown [(B) - (A)]: \underline{NA} Feet Below Land Surface For flowing well, measured shut in head: \underline{NA} feet Test Pumping Rate: (2) Gallons Per Minute For flowing well, measured shut in head: \underline{NA} feet Duration of Pump Test (minimum 4 hours): $\underline{\partial 4}$ hours Here EBY CERTIFY that the above statements are true to the best of my knowledge.			Air Line Electric M	leasuring Line Steel Tape
Drawdown $[(B) - (A)]:$ Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): Hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of A feet after Hours of pumping			Other (specify): <u>Stri</u>	Ng (weight
Test Pumping Rate: (2) Gallons Per Minute Well yielded (2) GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 24 hours feet after 24 hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Image: Certify that the above statements are true to the best of my knowledge. Image: Certify that the above statements are true to the best of my knowledge.				
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			Well vielded	GPM with a drawdown of
	Test Pumping Rate:(2	_		2.1
	Test Pumping Rate:(2	_		hours of pumping
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Test Pumping Rate: (2	hours): <u> </u>	<u> </u>	Ad hours of pumping
	Test Pumping Rate: (2 Duration of Pump Test (minimum 4 I HEREBY CERTIFY that the above	hours): <u> </u>	$\underbrace{A}_{\text{feet after}}$	
	Test Pumping Rate:(2 Duration of Pump Test (minimum 4 I HEREBY CERTIFY that the above Joves & Maso~	hours): $\underline{\partial \mathcal{H}}$ hours e statements are true to the be	$\underbrace{A}_{\text{feet after}}$	

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