	State Well Report	
County: Descto	Part 1 – Driller's Log	For Office Use Only:
County: <u>LACSC (S</u>	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: M-227
Driller: Jones w, Moson	P.O. Box 10631	weil #: ///
Driller: Janes Will Oson	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 4 -17 - 07	(601)961-5210	
	(601)354-6938 (fax)	E-log #:

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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.

Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 34 • 46 • 516" Longitude: 89. 48 • 003"			
Owner Name K-C Builders	51 80			
Mailing Address: 5808 trinty drive	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS Survey-grade GPS			
Haven Ridge subdivision	<u>SE 1/2 Swo 1/2 Sec_35 Twn 35 Rng GW</u>			
Harris M1 38/037	<u>J</u> <u>74</u> <u>74</u> <u>74</u> <u>74</u> <u>74</u> <u>74</u> <u>74</u> <u>74</u>			
Hernando MJ. 38637 City State Zip Code	Distance Direction Nearest Town <u>Distance</u> of <u>Content of Miles</u>			
	<u>J</u> Miles <u>SE</u> of <u>Ceckrum</u>			
Telephone No. (901) 461-6963				
Well / Bore	hole Data			
	20 200 ¹ 200 034			
Date drilling started: $(4-1)-10$ Date drilling completed: $(4-1)-10$	Hole depth: Hole diameter: 6774			
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and deve	lopment: <u>N</u> /A			
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 Well Ceotechnical/Geo	logical Investigation Ground Source Heat Pump			
Seismic Survey Other (<i>describe</i>)				
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (check one): Home <u>Industrial</u> Public Suppl				
If a flowing well, method of flow regulation: Valve 0	Other (describe)			
Static Water Level: <u>130</u> feet above obelow (circle one)	land surface Date measured: 4-17-07			
Method of Measurement (circle one) steel tape electric tape	e air line other: <u>String (weight</u>			
Well depth: 360 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: $\underline{\partial 40}$ feet Casing diameter: $\underline{4}$ inches Type of casing: $\underline{\rho 40}$				
Screen length: feet Screen diameter: inches Type of screen:				
Screen slot size: $\underline{, \circ \circ}$ inches Setting depth: From $\underline{\partial 4 \circ}$ feet to $\underline{\partial 4 \circ}$ feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
The offer size or reduction in cooring:				
1 op of tap pipe of feduction in casing	elescoped or more than one screen, describe on next page			
Top of tap pipe of reduction in casing.	elescoped or more than one screen, describe on next page Form: OLWR-SWR-1A			

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M-227

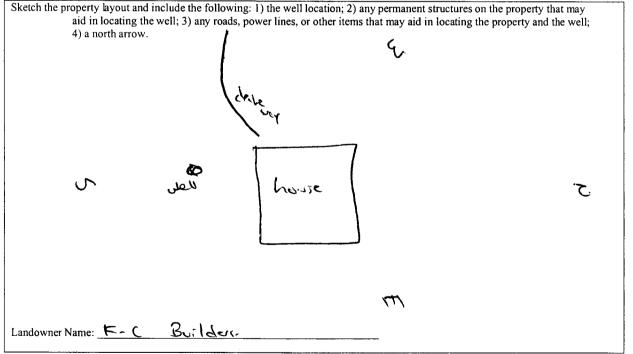
The sketch below only required for water wells

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 regulations

Description of Formations Encountered		
cley dirt.	Ground Level	30
gruel	36	42
white sound	પર	85
white clay	25	110
white sound	110	140
Blue clay	140	215
white soud	215	260
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If more than one screen, show location of each on sketch



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 laws.

Jones W. Moser O-620 5-15-07 Davis w. M Date

Print Name of Responsible Licensee and License No.

Signature of Licensee

RECEIVED MAY 18 2007 **BY: OLWR**

	STATE WELL REPORT	
County: Descto	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: Jones W. Mason	Office of Land and Water Resources P.O. Box 10631	well #: M- 227
Date completed: $4 - 17 - 07$	Jackson, MS 39289-0631 (601)961-5210	
Copy information from block on Part 1	(601)354-6938 (fax)	Elevation:

 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

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	W Ch Location
Owner Name: K-C Builders	Latitude: 34, 46. 576 Longitude: 89-48.003
Mailing Address 5808 trinty drive	Method of Lat/Long (check one): Conventional Survey,
Haver Lidge Sublivison	USGS quad, Hand-held GPS <u>/</u> , Survey-grade GPS
Hernedo Ms 38632	<u>5E 1/ SW 1/ Sec 35 T 35 R GW</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (951) 461-6963	Dilles SE of Cockium

Pump Type Circle one			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):	
Other (specify):	· · · · · · · · · · · · · · · · · · ·		Horse Power Ratin	g of Motor: 3/4	
Date Pump Installed:	4-17-1	<u>v7</u>	Setting Depth:	160	feet
Rated Pump Capacity	y: 17	Gallons Per Minute	Number of Stages:		

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: 4 - 17 - 07	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): <u>String</u> (weight		
Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): 24 hours	<u></u>		

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
Jaw u. Mosar 0-620	Jays w. Man	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: OLWR-S	
	A	

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