State Well Report					
County: Desato	Part 1 - Driller's Log  For Office Use Only:				
Permit #:	Mississippi Department of Environmental Quality		Aquifer:		
	Office of Land and Water Resources		Well #: M-233		
Driller: Jos w. Mosur	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 5-38-07		961-5210	L. S. Elevation:		
	(601)354	1-6938 (fax)	E-log #:		
State I am meanines that this menor	et ha nuanguad hu tha lia	uga kaldar rasnansibla far t	he work and Gled with the		
State Law requires that this report Department at the above address					
Information on Well (	Owner		rehole Location		
(Landowner if borehole is not fo	or a water well)	Latinuda 34 . 4.8 . 008	" Langing 189 . 44 ,476,"		
Owner Name Jeff Mc Our	tur	Lantude: 10	" Longitude: <u>89 ° 44 ° 476 "</u>		
·		Method of Lat/Long (circle or	ne): Conventional Survey,		
Mailing Address: Lot 32 win	rains rolled	USGS quad, Aland-held GPS, Survey-grade GPS			
	torne Sichdiviers				
Bywolio M City Sta	38611				
City Sta	te Zip Code	Distance Direction 13/4 Miles 5 E	Nearest Town of Internal Nearest Town		
Telephone No. (901) 636 - 954	<u> </u>				
Well / Borehole Data					
Date drilling started: 5-38-07 Hole depth: 140' Hole diameter: 6314					
Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and development:					
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 _ Geotechnical/Geological Investigation _ Ground Source Heat Pump					
Seismic Survey Other (describe)  If drilling is not related to water well construction, skip 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 Other (describe)					
Static Water Level: 50 feet above of below (circle one) land surface Date measured: 6-2-07					
Method of Measurement (circle one) steel tape electric tape air line other: 5tring lucigut					
Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 136 feet Casing diameter: 4 inches Type of casing:					
Screen length: 10 feet Screen diameter:					
Screen slot size: . O 10 inches Setting depth: From 130 feet to 140 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 scre	en, describe on next page		

The sketch below only required for water wells	Description of formations encountered	<u>d must be provided</u>	<u>for all</u>
	wells and boreholes, unless specificall	y exempted by regu	<u>llations</u>
If well telescopes, show depths on sketch.			
Ground Level	Description of Formations Encountered		To (depth)
	clay dict.	Ground Level	25
	growel	95	40
	white clay	OP	50
	while soud	50	140
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			<u> </u>
	Marie Control of the		
		<del>                                     </del>	·
		<del></del>	<del></del>
If more than one screen, show location of each on sketch	1		

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

| Tower w. Moson o 620 6-31-07 | Signature of Licensee
| Print Name of Responsible Licensee and License No. Date | Signature of Licensee

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the

## STATE WELL REPORT

## County: Desoto Permit #:

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

For Office Use Only:		
Aquifer:		
Well #: M-233		
Elevation:		

Driller: Joses w. Meson	Office of Land a	and Water Resources	•	
		Box 10631	Well #: M-233	
Date completed: 6-2-07	· ·	4S 39289-0631 961-5210	-	
Copy information from block on Part 1	' '	4-6938 (fax)	Elevation:	
This part of the report must be completed	by a ligaread water wall a	 	and the second of Point 1 of the	
report must be attached and both parts file	oy a acensea water well t ed with the Department a	ontractor or a ticensea pump in t the above address within 30 da	statier. A copy of Part 1 of the sys of well completion.	
Well Owner Informat		Well Location		
Owner Name: Jeff McOurn	mt	Latitude: <u>34. ५३. ००८</u> Longitude: <u>४१. ५५. ५७८</u>		
Mailing Address: Lot 22. winding valley		Method of Lat/Long (check one): Conventional Survey,		
South Desato forms Subdivisor		USGS quad, Hand-held GPS, Survey-grade GPS		
Byholia Ms	38611	NW 1/ NW 1/ Sec 28 T 35 R 5W		
Bylolia MS 38611 City State Zip Code		Distance Direction Nearest Town		
Telephone No. (901) 626 - 9547		13/4 Miles SE of ingrens will		
D T		77.	T	
Pump Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		specify):	
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: くっつつ		Setting Depth: 80 feet		
Rated Pump Capacity: 34	Gallons Per Minute	Number of Stages:	-	
Pump Test Data		Method of Measuring Water Level		
Date Well Tested: 6-2-07		Cir	rcle one	
_		Air Line Electric Meas	uring Line Steel Tape	
Static Water Level (A): 50 Feet Below Land Surface		Other (angels): 51.	. 1	
Pumping Water Level (B):  Feet Below Land Surface		Other (specify): 5+110	g ( weight	
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shu	ut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded	_GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet after C	hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
THEREBY CERTIFY that the above statements are true to the best of thy knowledge.				

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Jones W Majan 0-620	Jens w. Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B