_	State Well Report					
County: Desotive	Part 1 – Driller's Log		For Office Use Only:			
	Mississippi Department of Environmental Quality		Aquifer:			
Permit #:	Office of Land and Water Resources		Well #: M-235			
Driller: Jones w. Masow.		Box 10631				
Date drilling completed: (5-13-57		IS 39289-0631 961-5210	L. S. Elevation:			
Bate drining completed.	` ′	4-6938 (fax)	E-log #:			
	(001)20	. 0500 (1411)				
State Law requires that this report Department at the above address	rt be prepared by the lice within 30 days of comp	ense holder responsible for t eletion of drilling of the well	he work and filed with the or borehole.			
Information on Well (			rehole Location			
(Landowner if borehole is not fo	or a water well)	34 . 47 .570				
Owner Name Treat Ross.	•	Latitude:	" Longitude: 89 . 48 , 632,			
Mailing Address: LOT 29		Method of Lat/Long (circle on	e): Conventional Survey,			
for bend.		USGS quad, (Hand-held	GPS) Survey-grade GPS			
		NW% SE% Sec 26	Twn 3s Rng Gw			
Hernondo Mi	te Zip Code	Distance Direction	Nearest Town			
		314 Miles 5 E	of Cockrum			
Telephone No. (901) 508-620	)					
	Well / Bore					
Date drilling started: 6-12-07 Date dri	illing completed: 6-12-	Hole depth: 140	Hole diameter: 6 3 4			
Location of the source of any surface water used for drilling: كنم  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 W	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump			
Seismic Survey Other (describe)						
	•	n, skip the remainder of this blo				
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:feet above or felow (circle one) land surface Date measured:						
Method of Measurement (circle one) steel tape electric tape air line other: String (rejut						
Well depth:   140   Well grouted to a depth of 10 feet   Type of grout (circle one): Neat Cement   Bentonite   Mix						
Casing length: 130 feet Casing diameter: 4 inches Type of casing:						
Screen length: 10 feet Screen	en diameter:	inches Type of screen:	puc			
Screen slot size:inches Setting depth: Fromfeet tofeet						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
Other (describe):						

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

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

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JUL 13 2007

BY: OLWR

The	sketch	helow	only	reauired	for	water	w <i>oll</i> s
1166	JACILII	UCLUIV	UIHIV	<i>i</i> cu uncu	ıvı	ruici	reus

If well telescopes, show depths on sketch. Ground Level\_

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay dict	Ground Level	30
coronel	30	60
concide clay	60	35
while soud	¢2_	140
		7.00
		·

If more than one screen, show location of each on sketch

Sketch the property layout and include the following aid in locating the well; 3) any roads, 4) a north arrow.	g: 1) the well location; 2) any permanent structure power lines, or other items that may aid in locating	s on the property that may g the property and the well;
	$\overline{\mu}$	
المور المور	house	$\sim$
Landowner Name: Trent Ross	3	

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.

Print Name of Responsible Licensee and License No.

JUL 13 2007

BY: OLWR

## STATE WELL REPORT

## County: Desato Permit #: Date completed: (-18-0).

Drawdown [(B) – (A)]: \_\_\_\_\_\_

Test Pumping Rate:

## 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

For Office Use Only:				
Aquifer:				
Well #: M-235				
Elevation:				

Copy information fi	rom block on Part 1	(601)3	(601)354-6938 (fax)			
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			ll Location			
Owner Name:	Treat Ro	٢ ٢ -	Latitude: 34.47-550 Longitude: 89-48-022			
Mailing Address:_	107 29		Method of Lat/Long (check one): Conventional Survey,			
fox Bend Hernado MS 38632 City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS				
						· ·
Telephone No. (201) 508-6707			314 Miles SE of COCKIUM			
	Pump Typ	e	Po	wer Type		
Circle one		Circle one				
Air Lift	Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas		
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal	Rotary	Flowing Well		(specify):		
Other (specify):			Horse Power Rating of Motor	: 314		
	ed: 6-18-0		Setting Depth: ( )	feet		
Rated Pump Capac	eity: (2	Gallons Per Minute	Number of Stages:			
	Pump Test D	Pata	Method of Me	easuring Water Level		
Date Well Tested: 6-(8-07			ircle one			
		Feet Below Land Surface	1	asuring Line Steel Tape		
Pumping Water Le		Feet Below Land Surface	Other (specify): 5 tring	(unight		

Duration of Pump Test (minimum 4 hours):	hours	fee	et after <u>J 4</u>	hours of pumping
	1	· · · · · · · · · · · · · · · · · · ·		
I HEREBY CERTIFY that the above statements	are true to the best of my	y knowledge.		
Jones w. Moson O-	620	Jan w	Mon	
Print Name of Pump Installer and License No. (i	f applicable)	Signature of	Pump Installer	RECEIVED
				Form: OLWR-SWR-1B

Well yielded

For flowing well, measured shut in head:

Feet Below Land Surface

Gallons Per Minute

JUL 1 3 2007

GPM with a drawdown of

BY: OLWR