| State  | e Well Report   |  |  |  |
|--|---|--|--|--|
| County: Descto Part 1  | – Driller's Log   | For Office Use Only:   |  |  |
| Mississippi Depar  | tment of Environmental Quality  | Aquifer:   |  |  |
|  | nd and Water Resources P.O. Box 2309                                    | Aquifer:   |  |  |
| Jac  | ckson, MS 39225   | L. S. Elevation:   |  |  |
|  | 601)961- 5210<br>1)961- 5228 (fax)                                      |  |  |  |
| State Law requires that this report be prepared by th  | a ligansa haldan nasnaysihla far  | E-log#:  |  |  |
| Department at the above address within 30 days of a  | e ucense notaer responsible for t<br>completion of drilling of the well | ne work unu jueu wun ine<br>or borehole.   |  |  |
| Information on Well Owner (Landowner if borehole is not for a water well)  | Well or Bo  | rehole Location  |  |  |
| ,  | Latitude: 34 . 48 . 909   | " Longitude: 89 • 48 · 371 " 22  |  |  |
| Owner Name Bobby Hall  | Mathad of Lat/Lang (simple on   | <del>22</del>  |  |  |
| Mailing Address: 10309 in mill rd.   |   | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |  |  |
|  |   |  |  |  |
| Byhalia Ms 38611 City State Zip Code   | NE 14 NW 14 Sec 33  | Twn 35 Rng 6W  |  |  |
| City State Zip Code  | Distance Direction  | Nearest Town of wgrow will   |  |  |
| Telephone No. (901) 338-0406   | Miles   | of wgrows will   |  |  |
| Well /   | Borehole Data   |  |  |  |
|  | 100,  |  |  |  |
| Date drilling started: 7-33-08 Date drilling completed: 7-   | Hole depth:   | Hole diameter: 6 314   |  |  |
| Location of the source of any surface water used for drilling:  Method of dosing and volume of Chlorine used in drilling and of          |   |  |  |  |
| Logs run (circle all applicable) No log run Electric Gamma Name of organization running log(s):  | Ray Density Sonic Neutron (   | Other:   |  |  |
| Purpose of borehole (check one): Water WellGeotechnical/6  | Geological Investigation Ground   | Source Heat Pump   |  |  |
|  |   | <u> </u>   |  |  |
| Seismic Survey Other (desc<br>If drilling is not related to water well constru   | eribe)<br>action, skip the remainder of this blo                        | ck   |  |  |
| 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: 33 feet above of below (circle one) land surface Date measured: 7-39-08  |   |  |  |  |
| Method of Measurement (circle one) steel tape electric tape air line other: String I weight  |   |  |  |  |
| Well depth: <u>i \( \( \) \( \)</u> Well grouted to a depth of <u>i \( \)</u> feet Type of grout (circle one): Neat Cement Bentonite Mix |   |  |  |  |
| Casing length: 90 feet Casing diameter: inches Type of casing:   |   |  |  |  |
| Screen length: ( ) feet Screen diameter: inches Type of screen:  |   |  |  |  |
| Screen slot size:, O(Oinches Setting depth: From ?Ofeet to( OOfeet   |   |  |  |  |
| 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 telescoped or more than one screen, describe on next page                                |   |  |  |  |

Form: OLWR-SWR-1A (04/08)

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## The sketch below only required for water wells

| If well telescopes, | show | depths   | on | sketch. |
|---------------------|------|----------|----|---------|
| Ground Level.       |      | <b>-</b> |    |         |

| Description o | <u>f formations e</u> | <u>ncountered</u> | must be p | <u>rovided for all</u> |
|---------------|-----------------------|-------------------|-----------|------------------------|
| wells and bor | eholes, unless        | specifically      | exempted  | by regulations         |

| Description of Formations Encountered | From (depth) | Γo (depth) |
|---------------------------------------|--------------|------------|
| clay dirt                             | Ground Level | 15         |
| white clay                            | 15           | 35         |
| while and                             | 35           | 100        |
|                                       |              |            |
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If more than one screen, show location of each on sketch

| aid in locating the we      | dude the following: 1) the well location that it is a superstant of the left; 3) any roads, power lines, or other | on; 2) any permanent structure items that may aid in local | ctures on the property that may cating the property and the well; |
|-----------------------------|---|--|---|
| 4) a north arrow.           |   | 4  |   |
| 5                           | house   |  | ~~~   |
|                             | well  | (L)  |   |
| Landowner Name: <u>Bobk</u> | 4 HOLL  |  | Form: OLWR-SWR-1A (04/08)   |

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. |       |       |       |         |
|-------|-------|-------|-------|---------|
| Janes | c_{1, | Moran | 0-620 | 8-20-08 |
|       |       |       |       |         |

Print Name of Responsible Licensee and License No.

Signature of Licensee RECEIVED

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BY: OLWR

## STATE WELL REPORT Part 2 County: Desoto For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 Date completed: 7-29-08 (601)961-5210 Elevation: (601)961-5228 (fax) Copy information from block on Part 1 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 Location Well Owner Information Latitude: 34-48-909 Longitude: 87-48-371 Owner Name: Bobby Holl Mailing Address: 10309 ing Mill rd. Method of Lat/Long (check one): Conventional Survey\_ USGS quad \_\_\_\_, Hand-held GPS \_\_\_, Survey-grade GPS\_\_\_ NE 1/ NW1/4 Sec 23 T35 R 6W Byhalia M 38611 City State Zip Code Nearest Town Direction Distance Miles 5w of ingram mill Telephone No. (101) 338-0406 Power Type Pump Type Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Jet Air Lift Tractor PTO Hand **Turbine** Electric Motor Piston Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: \_\_\_\_\_\_/ 1/2 hp. Other (specify): Setting Depth: 80 Date Pump Installed: 7-29-08 Number of Stages: \_\_\_\_\_ 90 Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Steel Tape Electric Measuring Line Air Line Static Water Level (A): 33 Feet Below Land Surface Other (specify): String | weight Pumping Water Level (B): \_\_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: Well yielded 20 GPM with a drawdown of Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours of pumping feet after I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

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Signature of Pump Installer