

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Desoto
Permit #:
Driller: Jones w. Mason
Date drilling completed: 1-11-12

For Office Use Only:
Aquifer: M 303
Well #:
L. S. Elevation:
E-log #:

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 (Landowner if borehole is not for a water well)
Owner Name: Trent Ross
Mailing Address: 5853 Castle Rock Creek Dr. LOT 2
heraldo ms 38632
City State Zip Code
Telephone No. (901) 508-6207
Well or Borehole Location
Latitude: 34° 46' 53" Longitude: 89° 50' 37"
Method of Lat/Long (circle one): Conventional Survey, 30 22
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 33 Twn 35 Rng 6W
SE
Distance 2 Miles Direction NE of Nearest Town Alpha Bq

Well / Borehole Data
Date drilling started: 1-12-12 Date drilling completed: 1-12-12 Hole depth: 95' Hole diameter: 6 3/4"
Location of the source of any surface water used for drilling: NA
Method of dosing and volume of Chlorine used in drilling and development: NA
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): NA
Purpose of borehole (check one): Water Well [checked] Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) NA
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home [checked] Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve [checked] Other (describe)
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 1-14-12
Method of Measurement (circle one) steel tape electric tape air line other: string weight
Well depth: 95' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 85 feet to 95 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): NA
Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on next page

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

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Desoto
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 1-14-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M303
 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 |
|--|---|
| Owner Name: <u>Trent Ross</u> | Latitude: <u>34.46.513</u> Longitude: <u>89.50.376</u> |
| Mailing Address: <u>5853 Catterock creek dr.</u> <u>LOT 2</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Hernando</u> MS <u>38632</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 33 T 35 R 6w</u> |
| Telephone No. <u>(901) 508-6207</u> | Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Alphaba</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>1-14-12</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>8</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>1-14-12</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>40</u> Feet Below Land Surface | Other (specify): <u>string weight</u> |
| Pumping Water Level (B): <u>NA</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>NA</u> feet |
| Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface | Well yielded <u>10</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | <u>NA</u> feet after <u>24</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>24</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Mason 0-620 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

FEB 16 2012

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