County: Desoto
Permit #:
Driller: Jones W. Mason
Date drilling completed: 5-9-13

Owner Name: Treat Ross

Well Owner Information

(Landowner if borehole is not for a water well)

Mailing Address: 9380 thorn ridge draw

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:				
Well #:	Mzzz			
Aquifer:				
E-Log #:				

Well or Borehole Location

Latitude: 34'48'27.34 Longitude: 89'49'25.09

Method of Lat/Long (check one): Conventional Survey_

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.

USGS quad, Hand-held GPS, Survey-grade GPS Herrando MS 38632. City State Zip Code 7/8 Miles NW of Cockrum				
Telephone No. (90) $508-600$ (Distance) (Direction) (Nearest Town)				
Well / Borehole Data Date drilling started: 5-9-13 Date drilling completed: 5-9-13 Hole depth: 125 Hole diameter: 6314 Location of the source of any surface water used for drilling: 125				
<u>, </u>				
Method of dosing and volume of Chlorine used in drilling and development: Special greater. Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):A				
Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: ValveOther (describe)				
Static Water Level: 70 feet [above or below] land surface Date measured: 5-10-13 (circle one)				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 115 feet Casing diameter:				
Screen length: 10 feet Screen diameter: 10 inches Type of screen: poc				
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development 2013				
Other (describe): NA				
Top of lap pipe or reduction in casing: $\sqrt{\frac{A}{4}}$ feet				
If telescoped or more than one screen, describe on next page Form: OLWR-SWR-1A (4/13)				

County:	For Office Use Only:
Permit #:	Well #: <u> </u>
The sketch below only required for water wells	Description of formations encountered must be provided for all we

If well telescopes, show depths on sketch.

Ground Level	7

and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay dict.	Ground level	10
clay dirt.	10	15
greet Blue clay while sond.	15	25
Blue clay	25	65 125
vulite sand.	65	125
		1 100

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

Sketch the property layout and include the following: 1) the well location			7	1
2) any permanent structures on the property that may				
3) any roads, power lines, or other items that may aid 4) north arrow	in locating the pr	operty and the well		- [
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\mathcal{L}		5	REC	EIVED
Landowner Name: 1 (at Ross.				,
I HEREBY CERTIFY that the well/borehole was drilled	l. constructed.	and completed in accorda	nce with all applie	able 2013
requirements of the Mississippi Department of Enviro	nmental Quality	y and the Mississippi Depa	rtment of Health I	egulations,
if applicable, and state laws.		_	BY: (DIWR
T 0 = 620	6-5-13	Q	<u> </u>	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Teres w. Mason 0 - 620 Print Name of Responsible Licensee and License No.	Date	Signati	ure of Licensee	
Trine traine of hesponsible Electise and Electise not	- Dutt	Jigitat	Form: OI WR-	SWR-1A (4/13

STATE WELL REPORT

Ocsoto County: _ Permit #: Driller: <u>Janes</u> 5-10-13 Date completed:

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309

For Office Use Only:			
Well #: _	MBQQ		
Aquifer:			

		(601)961-5210		
	(601) 360-0535 (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 complete			thin 30 days of well completion.	
	Well Owner Information	Well Lo		
	Owner Name: Trent Ross	Latitude: <u>34・48分7・34</u> Long	ritude: 89'49'35.09	
	Mailing Address: 93864 thorn ridge drive	Method of Lat/Long (check one):	<i>)</i>	
	LOT # 4	USGS quad, Hand-held GP:	S, Survey-grade GPS	
	Hernando My 3863a City State Zip Code	NF 14 5W 14, Sec 5		
	·	$\frac{7/8}{\text{(Distance)}}$ Miles $\frac{N}{\text{(Direction)}}$ of	Cockrum	
Į	Telephone No. (<u>901</u>) <u>508 ~ 630)</u>	(Distance) (Direction)	(Nearest Town)	
	Pump Ty	pe (circle one)		
d	Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (desc	cribe):	
	Date Pump Installed: 5-10-13	Rated Pump Capacity:/	○ Gallons Per Minute	
	Is This Pump (circle one): New Repaired Replacement			
	Power Ty	pe (circle one)		
4	Electric Diesel Gasoline Natural Gas Tractor PTO Wir			
	Horse Power Rating of Motor: 3/4 Setting Dep	th: 100 feet Number o	of Stages: <u>o</u>	
	Pump Test Data	for Non Flowing Well		
	Date Well Tested: 5-10-13	Duration of Pump Test (minimu	im 4 hours): <u>24</u> hours	
	Static Water Level (A): Feet Below Land Surface	Pumping Water Level (B):	Feet Below Land Surface	
١	Drawdown [(B) - (A)]:Feet Below Land Sur	face Test Pumping Rate:	10 Gallons Per Minute	
	Method of measurement (circle one): Steel tape Electric to	ape Air line Other (describe): _	strong weight	
Ì	· · · · · · · · · · · · · · · · · · ·	ta for Flowing Well		
	Measured shut in head:feet.			
	Well yielded	slA feet after 34 t	nours of pumping	
ſ	Meter	Installation		
	Meter Manufacturer: ぬし	Meter Serial Number:	NA	
	In			
	Totalizer Register Unit and Multiplier Factor (AF \times .001, ga	l x 1000, etc):	RECEIVED	
ı	Installation Date: /A Meter installed by:	N/A	- 150N 0 7 2013	
	Is This Mater (sircle and): New Popaired Poplesement			
	Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.			
ſ	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
	Jores w. Mesa 0-670	(1.5.1)	44.5	
- 1	~ 10.43 ~ 10.63 ~ 10.63	6-3-13	ω . \mathcal{N}	

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

Form: OLWR-SWR-1B (4/13)