County:	Desoto	
Permit #:		
Driller: _	Jones w. Moscy	
Date drilling completed: らつべー13		

Owner Name: Trent Ross

Mailing Address: 5701

Well Owner Information

(Landowner if borehole is not for a water well)

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 #: <u>M 326</u>				
Aquifer:				
E-Log #:				

Well or Borehole Location

Latitude: 34°46'38,19 Longitude: 89°50'22.62

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.

rock creekdr.

1 207 # 13 Joseph Grand Joseph G					
Hernando Ms 38632 SNOW SEW, Sec 33 T 35 R GW					
He coods Ms 38632 City State Zip Code 13/4 Miles Sw of Cockrum.					
Telephone No. (901) 508 6207 (Distance) (Direction) (Nearest Town)					
Well / Borehole Data					
Date drilling started: $6 \rightarrow 4-13$ Date drilling completed: $6 \rightarrow 4-13$ Hole depth: 110 Hole diameter: $6 \rightarrow 4$					
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): んげ					
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: Valve Other (describe) ^					
Static Water Level:					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5 tring line ignt					
Well depth: 110 Well grouted to a depth of: feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 100 feet Casing diameter: 4 inches Type of casing: pcc					
Screen length: 10 feet Screen diameter: 4 inches Type of screen:					
Screen length: /O feet Screen diameter:					
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development & All Completion					
Other (describe):					
Top of lap pipe or reduction in casing:					
If telescoped or more than one screen, describe on next page Form: OLWR-SWR-1A (4/13)					

County:		or Office Use M 3 みと	i
The sketch below only required for water wells	Description of formations encountered and boreholes, unless specifically executed the specifical sp	d must be provide mpted by regulation	d for all wells ons
If well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	To (depth)
Ground Level	Description of Formations Encountered	From (depth) Ground level	# 5
	clay dict	15	2 5
	grovel	25	75
	white soud	75	110
	3000		
If more than one screen, show location of each on sketch			
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well	N	
لئ	Here way		Ē
Cost Cork	k creek pr	RE	SEIVED
countyline rd	5		26 2013
		87	OWF
Landowner Name: Trent Ross			
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Enviro if applicable, and state laws.	, constructed, and completed in accorda nmental Quality and the Mississippi Depa	nce with all appli rtment of Health	cable regulations,
1 / 10	7-22-2012	1	
Tones W- Mosen 0 - 620 Print Name of Responsible Licensee and License No.	7-22-2013 Jew W. N. Signatu	ure of Licensee	
The name of hesponsiste Electises and Electise No.		Form: OLWR	-SWR-1A (4/1)

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STATE WELL REPORT

County: Desato Permit #: Driller: Jae w. Mosan Date completed: 6-24-13

Part 2

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

For Office Use Only:				
Well #:				
Aquifer:				

		Jackson, MS 39225-2309 Aquiter:						
	•	601)961-5210) 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 completion.							
	Well Owner Information	Well Location						
	Owner Name: Trent Ross	Latitude: 34°46'38.19 Longitude: 89°50'32,62						
	Mailing Address: 5701 rock creek drive	Method of Lat/Long (check one): Conventional Survey,						
ı	LOT # 13	USGS quad, Hand-held GPS, Survey-grade GPS						
	Herwando Ms 3863 a City State Zip Code	<u>5w 14 SF 14, Sec 33 T 35 R 6w</u>						
	Telephone No. (901) 508 - 6207	1314 Miles <u>らい</u> of <u>(oc</u> ケッハ (Distance) (Direction) (Nearest Town)						
ſ	Pump Type (circle one)							
d	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):							
1	Date Pump Installed: 6-34-13 Rated Pump Capacity: 10 Gallons Per Minute							
	Is This Pump (circle one): New Repaired Replacement							
Power Type (circle one)								
1	Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):							
L	Horse Power Rating of Motor: 314 Setting Depth: 60 feet Number of Stages: 8							
ľ	Pump Test Data 1	for Non Flowing Well						
	Date Well Tested: 6-34-13 Duration of Pump Test (minimum 4 hours): 34 hours							
١	Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): ゃ トゥート Feet Below Land Surface							
1	Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:/ O Gallons Per Minute							
	Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5ting / weight							
ı	·	a for Flowing Well						
ı	Measured shut in head: ^/^feet.							
	Well yielded 10 GPM with a drawdown of 2 26	A feet after $\frac{\partial \mathcal{U}}{\partial x}$ hours of pumping						
Γ	Meter I	nstallation						
	Meter Manufacturer:	Meter Serial Number:ル/チ						
	Meter Model Number/Name: ~ 14	Type of Meter: ~/A						
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):							
- 1	Installation Date: Meter installed by:							
	Is This Meter (circle one): Repaired Replacemen							
L	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.							
Γ	I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.						
	The w-Maxin 0-620 7-22-13 Dem w.M.							
-	Print Name of Pump Installer and License No. (if applicable)							

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