County: Descito
Permit #:
Driller: Jones W. Majon
Date drilling completed: 3-12-14

Owner Name: Trent

Mailing Address: _

Well Owner Information (Landowner if borehole is not for a water well)

5641

Costle Rock -

12055

nock creek di

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>1339</u>				
Aquifer:				
E-Log #:				
E-Log #:				

Well or Borehole Location

Latitude: 34 46 40.78 Longitude: 89 50 34.61

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

USGS quad_____, Hand-held GPS_____, Survey-grade GPS_

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.

City State Zip Code 1314 Sub-conference				
Telephone No. (101) 508 - 6307 (Distance) (Direction) (Nearest Town)				
Well / Borehole Data				
Date drilling started: $\frac{3\cdot12\cdot14}{12\cdot14}$ Date drilling completed: $\frac{3\cdot12\cdot14}{12\cdot14}$ Hole depth: $\frac{110}{110}$ Hole diameter: $\frac{6\cdot3/4}{110\cdot110}$				
Location of the source of any surface water used for drilling:レバト				
Method of dosing and volume of Chlorine used in drilling and development: 5pp and greater				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
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): NA				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 36 feet [above or below] land surface Date measured: 3-13-14 (circle one)				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5 to 2 weight				
Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 100 feet Casing diameter: 4 inches Type of casing:				
Screen length: 10 feet Screen diameter: 10 inches Type of screen: puc				
Screen slot size: OIO inches Setting depth: From 100 feet to 1/O feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
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 (4/1)				

County: Permit #:	i	or Office Use <u>州 多</u> の	-
The sketch below only required for water wells	<u>Description of formations encountere</u> and boreholes, unless specifically exe		
If well telescopes, show depths on sketch.	ana porenoies, uniess specifically exe	mpiea by regulation	<u>ons</u>
Ground Level	Description of Formations Encountered	From (depth)	To (depth)
Stouring Edver	clay dift.	Ground level	10
	white clay	10	50
	gravel	50	5.2.
	wikite clay	5'5	60
	white said	60	110
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	,	
Total Control of the	EEK dr.	RECE	veu
्टॅ ्		BY	MI
countyline in	<u>5</u>	_	
Landowner Name: Treat Ross			
HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Enviror if applicable, and state laws.	, constructed, and completed in accordan nmental Quality and the Mississippi Depar	nce with all applic tment of Health	cable regulations,
T		01	
Print Name of Responsible Licensee and License No.	3-10-14. Jus w.	re of Licensee	
runt name of responsible Licensee and License No.	Date / Signatu		SWR-1A (4/13

STATE WELL REPORT

Permit #: Driller: Tones W. Masca Date completed: 3-13-14 Copy information from block on Part 1

Part 2

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

lackson, MS 39225-2309

Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For O	ffice Use Only:	
Well #: _	M 339	
Aquifer:		

(60	1) 360-0535 (fax)	
This part of the report must be completed by a licensed water	er 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: 3년'46'48, 7운 Longitude: 89°58'3년, 61	
Mailing Address: 5641 Rock creek dr. Costle rock Subdivisor Lor 14 Hermondo Ms 38633 City State Zip Code	Method of Lat/Long (check one): Conventional Survey,	
costle rock subdivison was in	USGS quad, Hand-held GPS, Survey-grade GPS	
Hermondo Ms 38633	15 14 7 5€ 14, Sec 33 T 35 R 6ω	
	1314 was 512 of 100KIUM	
Telephone No. (역대) <u>508 ~ 6007</u>	1314 Miles SW of COCKIUM (Nearest Town)	
Pump Ty	ype (circle one)	
	Jet Piston Rotary Other (describe):	
	Rated Pump Capacity:Gallons Per Minute	
s This Pump (circle one): New Repaired Replaceme		
	ype (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Win		
Horse Power Rating of Motor: 3/4 Setting Dep	1	
	for Non Flowing Well	
Date Well Tested: 3-13-14	• • • • • • • • • • • • • • • • • • • •	
Static Water Level (A): <u> </u>	Pumping Water Level (B): Feet Below Land Surface	
Drawdown [(B) - (A)]: N4Feet Below Land Sur	rface Test Pumping Rate: 10 Gallons Per Minute	
Method of measurement (circle one): Steel tape	tape Air line Other (describe): 511, 29 weight	
•	ata for Flowing Well	
Weasured shut in head:feet.		
Well yielded $\overline{\hspace{1em}IO\hspace{1em}}$ GPM with a drawdown of $\overline{\hspace{1em}IO\hspace{1em}}$	feet after 34 hours of pumping	
Meter	Installation	
Meter Manufacturer:	Meter Serial Number:	
	Type of Meter:	
Meter Model Number/Name: NA Totalizer Register Unit and Multiplier Factor (AF x .001, ga	1 × 1000 etc): ~ /^	
nstallation Date:		
s This Meter (circle one): New Repaired Replacem		
important: By submitting the above information you are c For agricultural wells, a list of ap	pertifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.	
HEREBY CERTIFY that the above statements are true to the		
	•	
Jones W MONON 0-620	2) Date Signature of Pump Installer	
Print Name of Pump Installer and License No. (if applicable	2) Date V Signature of Pump installer	

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