	- STATE V	WELL REPORT	Тг			
No. to	Part 1		^	For Office Use Only:		
County: Desato	Driller's Log		1	Well #: <u>№ 350</u>		
Permit #:	Mississippi Departn	ment of Environmental (Quality	Aquifer:		
Driller: Janes w. Mason		nd and Water Resources 2.0. Box 2309	s	E-Log #:		
Date drilling completed: 6-17-14		on, MS 39225-2309		E-LOg #.		
	(601)961-5210					
	•	1)360-0535 (fax)		1 1 Glad with the		
State Law requires that this report Department at the above address v	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.					
Well Owner Informat	tion	Well	l or Borel	hole Location		
(Landowner if borehole is not for		Latitude: 34°48'251'	۹۶ م Lon	gitude: <u>89°49'28,17 w</u>		
Owner Name: Trent Ross				. Conventional Survey		
Mailing Address: 9294 Pepper	berry (use Method of Lat/Long (check one					
,,	USGS quad Hand-held GPS, Survey-grade GPS					
LOT 7 Thorn sid	I've subdivided NOT NE SUTINGE 22/T 35/R 6W					
Hernando MS City State	20629					
City State	Zip Code	3 Miles	0f <u>w</u>	(Nearest Town)		
Telephone No. (901) 508~63	<u>07</u>	(Distance) (Dire	ection)	(Nearest Town)		
	Well / F	Borehole Data				
Date drilling started: 6-17-14 Date	ر Treii ممثلات	. Gal Jan Hole dept	th: 140	Hole diameter: 6314		
			LI I+			
Location of the source of any surface				\\lef		
Method of dosing and volume of Chlorine used in drilling and development: Section						
		ma Ray Density Some	C Neuro	ill Other.		
Name of organization running log(s):				- Heat Dump		
Purpose of borehole (circle one): Water		nical/Geological Investiga		Ground Source Heat Pump		
		(describe)		0.4 % 1.1- al.		
If drilling is not re	elated to water well o	construction, skip the r	emainaei	r of this block		
Purpose of Well (circle all applicable):		Public Supply Irrig	gation	Fish Culture		
Other (describe):						
If a flowing well, method of flow regulation: Valve _ r h Other (describe)						
Static Water Level:						
Method of measurement (circle one):	: Steel tape Electric	tape Air line Other	(describe)): string		
Well depth: 1억이 Well grouted to	a depth of: 10	feet Type of grout (c	circle one)	: Neat Cement Bentonite Mix		
Casing length: 130 feet Casing diameter:inches Type of casing:						
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 5 feet to 140 inches Setting depth: From 130 feet to 140 feet						
Screen slot size:inche						
Type of completion (circle all applica						
Other (describe):	<u>A</u>					

If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: _______feet

Form: OLWR-SWR-1A (4) 13)

County: DeSctC		For Office Use	Only:
Permit #:		Well #: <u>M350</u>	
	Description of formations enc	acceptanced weest he provide	d for all wells
The sketch below only required for water wells	and boreholes, unless specific	ally exempted by regulation	ons
If well telescopes, show depths on sketch.	Description of Formations Encou		To (depth)
Ground Level		Ground level	25
	elay Airt	97	40
	white clay	40	70
	white said	70	140
			-
			<u> </u>
	-		
If more than one screen, show location of each on sketch			·
Shall the second leavest and include the following:			1 .1
Sketch the property layout and include the following: 1) the well location			1 2
2) any permanent structures on the property that may3) any roads, power lines, or other items that may aid	aid in locating the well in locating the property and the well	l	1
4) north arrow			1
			1
<u> </u>			0 -1
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Have one	<u> </u>		
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		ЛЛ. Д	7 2014
		300 V	DIAIR
—		1 5% (,	ILMH
Landowner Name: Trent Rors			
I HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Envir if applicable, and state laws.	d, constructed, and completed in onmental Quality and the Mississi	accordance with all app ppi Department of Healt	licable h regulations,
-	7.54.	les w. Man	
Print Name of Responsible Licensee and License No.	7-17-14- Date	Signature of Licensee	
Print Name of Responsible Licensee and License No.	Ducc		R-SWR-1A (4/1

STATE WELL REPORT

Desoto

Date completed: 6-17-14

County: ___

Permit #:

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 (601)961-5210

For Office Use Only:				
Well #:				
Aquifer:				

CODY INTO MICE ON TO SHE DECENT COLUMN) 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 Department at the above address within 30 days of well completion.				
Well Owner Information	well Location				
Owner Name: Trent Ross	Latitude: 3년 48 45 6 95 N Longitude: 89 6 49 3 문 1 1 전				
Mailing Address: 9294 pepper berry cone	Method of Lat/Long (check one): Conventional Survey,				
LOT ? Thorwridge subdividen	USGS quad, Hand-held GPS, Survey-grade GPS				
Hermondo MS 38632 City State Zip Code	NEW SW 14, Sec 22 T 35 R GW				
	3)4 Miles NW of COCKION (Distance) (Direction) (Nearest Town)				
Telephone No. (901-) _ 508 - 6207	(Distance) (Direction) (Nearest Town)				
1	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 6 19-14 Rated Pump Capacity: 10 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replaceme					
	rpe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Win	the 120 foot Number of Stages:				
· ·	for Non Flowing Well				
Date Well Tested: Duration of Pump Test (minimum 4 hours): Hours					
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface					
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 5 trial weight Pump Test Data for Flowing Well					
Measured shut in head:feet.	ata for Flowing Well				
	hours of numping				
Well yielded GPM with a drawdown of N\A feet after O hours of pumping					
	Installation				
	Meter Serial Number:				
Meter Model Number/Name: NA Type of Meter: NA Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	2 2 2 de la company de la comp				
Installation Date: NA Meter installed by:					
Is This Meter (circle one): New Repaired Replacem					
Important: By submitting the above information you are of For agricultural wells, a list of a	certifying that this meter was installed to manufacturer standards. oproved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to t	he best of my knowledge.				
Tones W: Meson 0-620	2-15-14 One w. Man-				
Print Name of Pump Installer and License No. (if applicable	P) Date Signature of Pump Installer				
	Form: OLWR-SWR-1B (4/13)				