

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 #: M1353
Aquifer: _____
E-Log #: _____

County: Desoto
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 6-24-14

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 Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Trent Ross</u>	Latitude: <u>34°48'27.00 N</u> Longitude: <u>89°49'20.81 W</u>
Mailing Address: <u>3635 Thornridge Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>LOT 3 Thornridge subdivision</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> <u>ms.</u> <u>38632</u>	<u>NE 1/4 SW 1/4, Sec 23 T 35 R 6W.</u>
City State Zip Code	<u>112</u> Miles <u>NW</u> of <u>Cockrum</u>
Telephone No. <u>(901) 508-6207</u>	(Distance) (Direction) (Nearest Town)

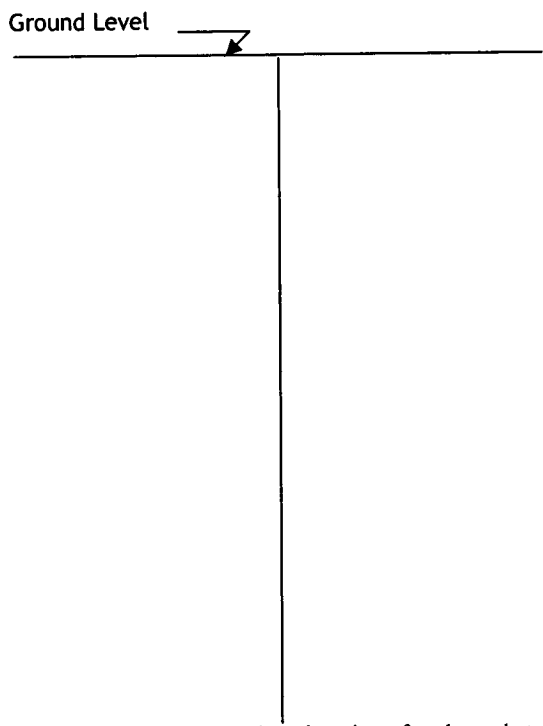
Well / Borehole Data
Date drilling started: <u>6-24-14</u> Date drilling completed: <u>6-24-14</u> Hole depth: <u>140</u> Hole diameter: <u>6 3/4</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>5 ppm and greater</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
Seismic Survey Other (describe) <u>N/A</u>
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>
Static Water Level: <u>66</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>6-24-14</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>string / weight</u>
Well depth: <u>140</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>130</u> feet to <u>140</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): <u>N/A</u>
Top of lap pipe or reduction in casing: <u>N/A</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

County: DeSoto
 Permit #: _____

For Office Use Only:
 Well #: M353

The sketch below only required for water wells

If well telescopes, show depths on sketch.



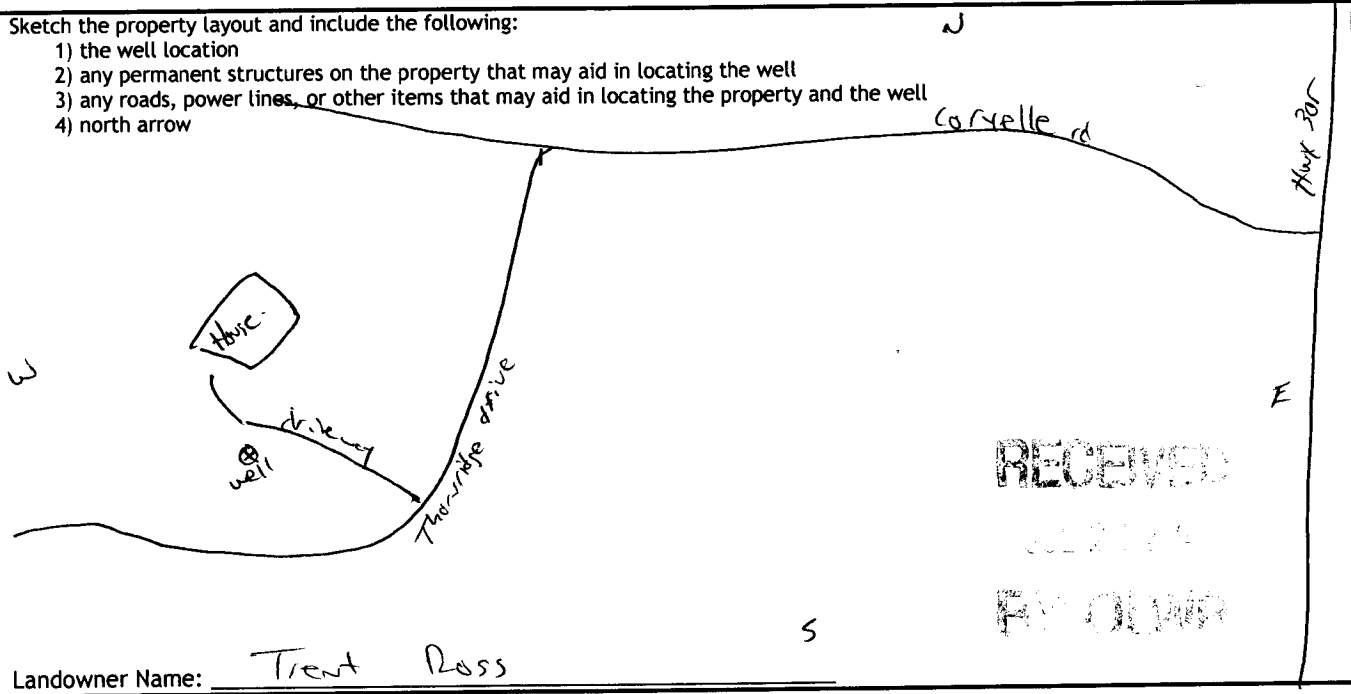
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground level	15
gravel	15	25
white sand	25	60
white clay	60	90
white sand	90	140

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 aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: Trent Ross

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Jones W. Moran 0-620 7-21-14 Jones W. Moran
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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

For Office Use Only:

Well #: M1353

Aquifer: _____

County: Desoto

Permit #: _____

Driller: Jones w. Mason

Date completed: 6-24-14

Copy information from block on Part 1

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°48'27.00N</u> Longitude: <u>89°49'20.81W</u>
Mailing Address: <u>3635 thornridge drive.</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>lot 3 thornridge subdivision</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> <u>MS</u> <u>38632</u>	<u>NE 1/4 SW 1/4, Sec 22 T 35 R 6W</u>
City State Zip Code	<u>1/2</u> Miles <u>NW</u> of <u>Cockrum</u>
Telephone No. (901) <u>508-6207</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
<input checked="" type="radio"/> Submersible	<input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____
Date Pump Installed: <u>6-24-14</u>	Rated Pump Capacity: <u>10</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New	<input type="radio"/> Repaired <input type="radio"/> Replacement
Power Type (circle one)	
<input checked="" type="radio"/> Electric	<input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____
Horse Power Rating of Motor: <u>3/4</u>	Setting Depth: <u>90</u> feet Number of Stages: <u>8</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>6-24-14</u>	Duration of Pump Test (minimum 4 hours): <u>24</u> hours
Static Water Level (A): <u>66</u> Feet Below Land Surface	Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Test Pumping Rate: <u>10</u> Gallons Per Minute
Method of measurement (circle one): <input type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): <u>string weight</u>	

Pump Test Data for Flowing Well	
Measured shut in head: <u>N/A</u> feet.	
Well yielded <u>10</u> GPM with a drawdown of <u>N/A</u> feet after <u>24</u> hours of pumping	

Meter Installation	
Meter Manufacturer: <u>N/A</u>	Meter Serial Number: <u>N/A</u>
Meter Model Number/Name: <u>N/A</u>	Type of Meter: <u>N/A</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): <u>N/A</u>	
Installation Date: <u>N/A</u>	Meter installed by: <u>N/A</u>
Is This Meter (circle one): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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.</i>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Jones w. Mason 0-620</u>	<u>7-21-14</u>	<u>Jones w. Mason</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer