STATE WELL REPORT				
County: Desoto	Part 1		For Office Use Only:	
Permit #:	Driller's Log		Well #: <u>M369</u>	
Driller: Jeass W. Masan		ment of Environmental Quality and and Water Resources	Aquifer:	
Date drilling completed: 12-26-14	I	P.O. Box 2309	E-Log #:	
		on, MS 39225-2309 601)961-5210		
		1)360-0535 (fax)		
State Law requires that this report in Department at the above address with the second	be prepared by the othin 30 days of co	license holder responsible for the mell of	he work and filed with the pr borehole	
Well Owner Information	on		hole Location	
(Landowner if borehole is not for a	a water well)	Latitude: <u>34 48 نرم، 51 م</u> Lon	gitude: ອີ່ງ ^ເ 49'17.07 ພ	
Owner Name: Trent Rors		Method of Lat/Long (check one		
Mailing Address: <u>3990 treads</u>	May Ia.	USGS quad, Hand-held Gi	·	
1400	38632	NW 14 NE 14, Sec_		
Hervender City State	Zip Code	1 2_Miles of		
Telephone No. (901)	<u></u>	(Distance) (Direction)	(Nearest Town)	
	Well / B	orehole Data		
Date drilling started: 12-36-14 Date of			Hole diameter: <u>63/4</u>	
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chloring	e used in drilling a	nd development: <u>5ppm_ad</u>	greater	
Logs run (circle all applicable). No log ru	ar Electric Gamr	na Ray Density Sonic Neutro	n Other:	
Name of organization running log(s):	NN		REGRIVED	
Purpose of borehole (circle one): Water	Well Geotechni	cal/Geological Investigation (Ground Source Heat Pump	
		describe)		
If drilling is not relat	ted to water well co	onstruction, skip the remainder	of this block BY: OLWA	
Purpose of Well (circle all applicable) (H	lome Industrial	Public Supply Irrigation F	ïsh Culture	
Other (describe):				
If a flowing well, method of flow regular				
Static Water Level:feet [above or [below]] and surface Date measured: 12-37-14				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 120 Well grouted to a c				
Casing length:feet Casing diameter:4inches Type of casing:				
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>put</u>				
Screen slot size: <u>, 010</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet				

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

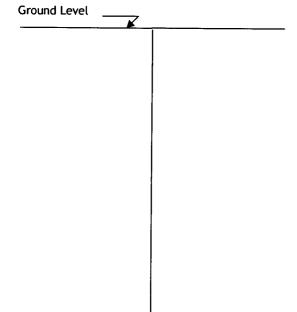
Form: OLWR-SWR-1A (4/13)

County:	· · · · · · · · · · · · · · · · · · ·	
Permit #:	1 	

Fo	or Office Use Only:
Well #:	M 369

The sketch below only required for water wells

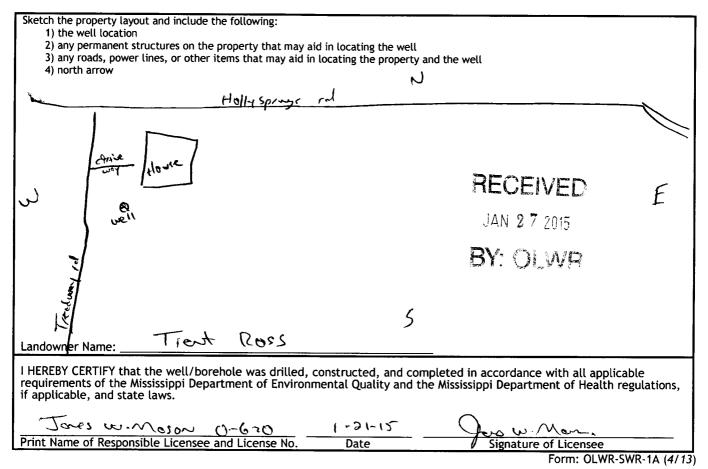
If well telescopes, show depths on sketch.



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)
cley dirt white soud white clay white sout	Ground level	25
while soud	25	70
white clay	70	90
white soud	90	120
	*	
······································		
	1	

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



STATE WELL REPORT			
County: Desoto	Part 2	For Office Use Only:	
Permit #: Pump Installe	er's Completion Report		
Driller: Janes w. Mosow Office of La	ment of Environmental Quality nd and Water Resources	Well #: <u>M3109</u>	
Date completed: 12-27-14	P.O. Box 2309	Aquifor	
	on, MS 39225-2309 601)961-5210	Aquifer:	
(601) 360-0535 (fax)		
This part of the report must be completed by a licensed water	well contractor or a licensed pun	p installer. A copy of Part 1	
of the report must be attached and both parts filed with the L Well Owner Information			
Owner Name: Treat Russ			
Mailing Address: 3990 Treadway rd			
Mailing Address: Stro Troditory 10	Method of Lat/Long (check one)	•	
	USGS quad, Hand-held GP		
Lity State Zip Code	<u>NW 14 NE 14, Sec</u>	$\frac{d}{d}$ T <u>S</u> R <u>6</u> w	
Telephone No. (<u>001</u>) <u>508-6207</u>	$\frac{1/2}{(2)}$ Miles $\frac{1}{(2)}$ of	(Nearest Town)	
	(Distance) (Direction)	(Nearest Town)	
	be (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well			
Date Pump Installed: レユータフーパー R	Rated Pump Capacity: ()	Gallons Per Minute	
Is This Pump (circle one): New Repaired Replacemen	nt		
	pe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	dmill Other (<i>describe</i>):		
Horse Power Rating of Motor:3 1-(Setting Dept	h: <u> </u>	of Stages:8	
Pump Test Data	for Non Flowing Well		
Date Well Tested: 12-37-14	Duration of Pump Test (minimu	m 4 hours): $\partial 4$ hours	
Static Water Level (A): Feet Below Land Surface			
Drawdown [(B) - (A)]: ~ \A Feet Below Land Surfa			
Method of measurement (circle one): Steel tape Electric ta Pump Test Dat	a for Flowing Well	The ful	
Measured shut in head: \underline{NY} feet.			
	10 cm - 24	14N Contraction	
Well yieldedGPM with a drawdown of	<u>reet aftern</u>	ours of pumping	
	nstallation		
Meter Manufacturer:/A		NIA	
Meter Model Number/Name:N A	Type of Meter:	→V∽	
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): مراحم المر			
Installation Date: المحمد معند المحمد المحم			
Is This Meter (circle one): New Repaired Replacement			
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 HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Tares w. Mesure 0-610 Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer			
Frinc Name of Pullip Installer and License No. (17 applicable) Date Signature of Pullip Installer Form: OLWR-SWR-1B (4/13)			

Corm.	OLWD CWD 1P (411	21
01111.	OLWR-SWR-1B (4/15	,