	STATE	WELL REPORT					
county: Desoto	~~	Part 1	For Office Use Only:				
Permit #:		riller's Log	Well #: 11 37 6				
Driller: Jones w. Mason	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:				
	í	P.O. Box 2309	E-Log #:				
Date drilling completed: 4-3-15		on, MS 39225-2309 601)961-5210	-				
(601)961-5210 L (601)360-0535 (fax)							
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	ion		hole Location				
(Landowner if borehole is not for a water well)		Latitude:3444638。37 N Longitude: 89°50'3 Q. 55 い					
Owner Name: Trent Ross							
Mailing Address: LOT 4 Costle Rock sublim): Conventional Survey,				
5135 Castle Rock Creek		USGS quad, Hand-held G					
herwando ms	38632	<u>NE ¼ Sw</u> ¼, Sec_	<u>33 t 35 r.6w</u>				
State	Lip Code	A Miles NE or	r alphaba				
Telephone No. (<u>101</u>) <u>50名 - </u> G子	<u>هم</u>	(Distance) (Direction)	(Nearest Town)				
	Well / B	orehole Data					
Date drilling started: $4-3-15$ Date drilling completed: $4-3-15$ Hole depth: $10'$ Hole diameter: $63/4$							
Location of the source of any surface w							
Method of dosing and volume of Chlorin	ne used in drilling a	nd development: <u>5000 s</u>	nd greater				
Logs run (circle all applicable): No log ru		••	<u> </u>				
Name of organization running log(s):	NIA						
Purpose of borehole (circle one). Water	Well Geotechnic	cal/Geological Investigation (Ground Source Heat Pump				
Seismi	c Survey Other (describe)					
If drilling is not rela	ited to water well co	onstruction, skip the remainder	of this block				
Purpose of Well (circle all applicable):	Tome Industrial	Public Supply Irrigation F	ish Culture				
Other (describe): \/							
If a flowing well, method of flow regula	tion: Valve <u>v</u>	▲ Other (describe)					
Static Water Level: $4c$ feet [above or below] land surface Date measured: $4-3-15$ (circle one)							
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>Striwy / weight</u>							
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: puc							
Screen length: 10 feet Screen diameter: 4 inches Type of screen: por							
Screen slot size: 100 inches Setting depth: From 100 feet to 110 feet							
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development VEC							
Other (describe): N 14							
Top of lap pipe or reduction in casing:feet							
If telescoped or more than one screen, describe on next page BY OLWR							

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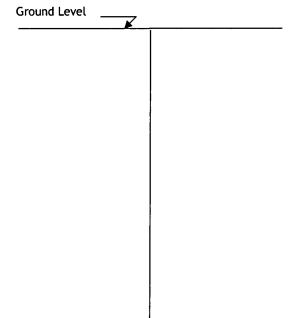
Form: OLWR-SWR-1A (4/13)

County:	
Permit #:	

For Office Use Only:				
Well #:	m	374		

The sketch below only required for water wells

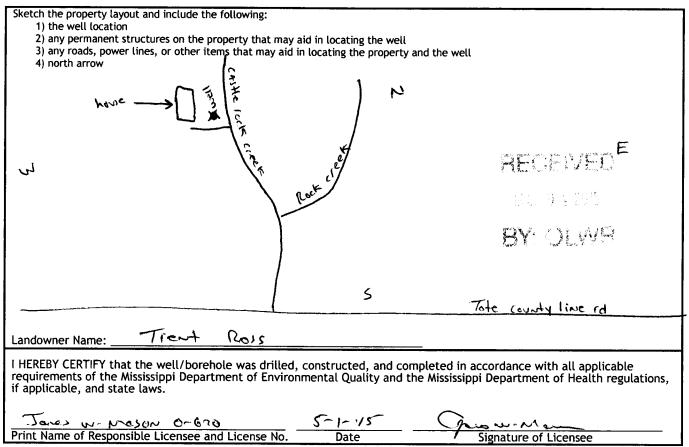
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (<i>depth</i>)	To (depth)
clay dirt.	Ground level	15
grovel	15	30
Blue clay	20	50
grovel Blue clay white sound	50	110
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	-1	

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



STATE WELL REPORT							
County: Decolo		Part 2	For Office Use Only:				
Permit #:		r's Completion Report	Well #: M 374				
Driller: Jones w. Mason		nent of Environmental Quality nd and Water Resources	Well #: <u>11</u>				
Date completed: <u>4-3-15</u>		.O. Box 2309 n, MS 39225-2309	Aquifer:				
Copy information from block on Part 1		601)961-5210					
• • • • • • • • • • • • • • • • • • •	(601) 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: Treat Ross		Latitude: <u>36° 46'38.37 N</u> Longitude: <u>8٦° 50'33,55 مع</u>					
Mailing Address: LUT 4 castle	e lock subhum	Method of Lat/Long (check one): Conventional Survey,					
5735 Castle Rock Creek		USGS quad, Hand-held GPS, Survey-grade GPS					
Ilenne o MS City State	38632	NE 1/ SW 1/4. Sec	33 T 35 R 6W				
City State	Zip Code						
Telephone No. (901) 508-620	<u>ر</u>	(Distance) (Direction)	(Nearest Town)				
	Pump Typ	e (circle one)					
Submersible Turbine Air Lift Centrif	ugal Flowing Well	Jet Piston Rotary Other (de	scribe):				
Date Pump Installed: 4-3-15	R	ated Pump Capacity:(0	Gallons Per Minute				
Is This Pump (circle one): New Rep	aired Replacemer	ıt					
		pe (circle one)					
Electric Diesel Gasoline Natural Gas							
Horse Power Rating of Motor: $3/1$	Setting Dept	h: <u>70</u> feet Number	of Stages: <u> </u>				
	Pump Test Data	for Non Flowing Well					
Date Well Tested: <u>4-3-15</u>		Duration of Pump Test (minim	um 4 hours):hours				
Static Water Level (A): <u>46</u> Feet	Below Land Surface	Pumping Water Level (B):	レート Feet Below Land Surface				
Drawdown [(B) - (A)]:いい	Feet Below Land Surf	ace Test Pumping Rate:	i O Gallons Per Minute				
Method of measurement (circle one): St			string I weight				
	-	a for Flowing Well					
Measured shut in head: N^{M} feet.							
Well yielded GPM with a d	rawdown ofN	+feet_after 2Υ	hours of pumping				
Meter Installation							
Meter Manufacturer:		Meter Serial Number:	~ Y~				
Meter Model Number/Name:	14	Type of Meter:	.w				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):							
Installation Date: Meter installed by: Mater installed by:							
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.							
Jows V. Mesen 0-620 5-1-15 Justice Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer							
Jacon W. Maran 0-6	20	5-1-15 Juon.	Λ				

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