STATE WELL REPORT					
County: <u>Desoto</u>		Part 1	For Office Use Only:		
Permit #:	Driller's Log		Well #: M379		
Driller: Janes w. Major		nent of Environmental Quality and and Water Resources	Aquifer:		
Date drilling completed: 11-30-15	P.O. Box 2309		E-Log #:		
Date driving completed.		on, MS 39225-2309 601)961-5210			
(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 Information (Landowner if borehole is not for a water well) Owner Name: Gregory Toles		Well or Bore	hole Location		
		Latitude: 34°46' 34.06 D Lor	ngitude: <u>89°5ə′39, ㅂə ''</u>		
Mailing Address: 6330 COWH		Method of Lat/Long (check one): Conventional Survey,		
1		USGS quad, Hand-held G	PS, Survey-grade GPS		
Hernando Ms	38633	<u>ςω 4 5ω4, Sec</u>	<u>31 τ 35 κ 6ω</u>		
City State	Zip Code	Miles W Olivection)	f Alphaba		
Telephone No. (101) 301-039	ч	(Distance) (Direction)	(Nearest Town)		
	Wall / Da	urobolo Data			
Well / Borehole Data Date drilling started: 110 Hole diameter: 2' Hole depth: 110 Hole diameter: 2'					
Location of the source of any surface water used for drilling: A					
Method of dosing and volume of Chlorin	ne used in drilling an	d development: <u>Σρρ</u> ~ ·	and greater		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s): い \					
Purpose of borehole (circle one): Water	Well Geotechnic	al/Geological Investigation (Ground Source Heat Pump		
Seismi	c Survey Other (a	lescribe)			
If drilling is not rela	ted to water well co	nstruction, skip the remainder	of this block HE		
Purpose of Well (circle all applicable)	dome Industrial	Public Supply Irrigation F	ish Culture DEC 3 0 205		
Other (describe): NA					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 55 feet [above or below] and surface Date measured: 11-30-15-					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
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:inches Type of casing:					
Screen length: 10 feet Screen diameter: 4 inches Type of screen: poc					
Screen slot size: (610 inches Setting depth: From 100 feet to 110 feet					
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: _	<u>N</u> ∳ feet				

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

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

		Well #: <u>M379</u>
ar		countered must be provided for all wells ally exempted by regulations
<u>If well telescopes, show depths on sketch.</u>	escription of Formations Encou	ntered From (depth) To (depth)
Ground Level	clay dirt	Ground level 30
	while sound	30 110
	, 1 de la companya de	
	4.5	
	40000	
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 l 3) any roads, power lines, or other items that may aid in locat 4) north arrow	ocating the well ting the property and the well	
Contylic Rd	,	
[435]		
3	house	RECEIVE
9.		
	-	DEC 9 A SOME
7		DEC 3 0 2015
Sylvix S	7	1
Landowner Name: Gresom Toles		
I HEREBY CERTIFY that the well/borehole was drilled, const requirements of the Mississippi Department of Environment if applicable, and state laws.	tructed, and completed in a all Quality and the Mississip	accordance with all applicable pi Department of Health regulations,

Jenes W. Mason

Print Name of Responsible Licensee and License No.

0-620

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

Signature of Licensee

STATE WELL REPORT

County: Desoto			
Permit #:			
Driller: James w. Maron			
Date completed: 11-30-15			

Part 2

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

For Office Use Only: Well #: M379	
Aquifer:	

	n, MS 39225-2309 Aquiter:			
	601)961-5210) 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: Greson Toles	Latitude: 34°46' 24,06 Longitude: 89°52'39,42" w			
Owner Name: Gregory Toles Mailing Address: 6330 County line 11	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Hervando MS 38638 City State Zip Code	50 1/2 SW 1/4, Sec_ 31 T_ 35 R 60			
	1/4 Miles W of Alphaba			
Telephone No. (901) 301 ~ 0394	(Distance) Of Alphaba (Nearest Town)			
Pump Ty	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 11-30-15 Rated Pump Capacity: 10 Gallons Per Minute				
Is This Pump (circle one): (New) Repaired Replacemen				
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: Stages: Setting Depth: Some feet Number of Stages:				
Pump Test Data for Non Flowing Well				
Date Well Tested: 11~30~15 Duration of Pump Test (minimum 4 hours): 34 hours				
Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): 11 Feet Below Land Surface				
Drawdown [(B) - (A)]: Peet Below Land Surface Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>String l weisい</u>				
Pump Test Data for Flowing Well				
Measured shut in head:feet.				
Well yielded 10 GPM with a drawdown of Nik feet after 34 hours of pumping				
Meter Installation				
Meter Manufacturer: N \A	Meter Serial Number: MM DISTRIBUTION			
Meter Model Number/Name: Type of Meter: Meter Model Number/Name				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: NA A Meter installed by: NA Meter 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.				
Jan W. Mason 0-620 12-28-15. Changer Name.				
Print Name of Pump Installer and License No. (if applicable)				

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