

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 #: M427
Aquifer: _____
E-Log #: _____

County: DeSoto
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 10-25-17

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>Chris Powell</u> | Latitude: <u>34°48'00.59"N</u> Longitude: <u>89°50'27.13"W</u> |
| Mailing Address: <u>8398 Steven Henry</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>hernando</u> <u>ms.</u> <u>38632</u> | <u>NE</u> <input checked="" type="checkbox"/> <u>NW</u> <input checked="" type="checkbox"/> <u>Sec 28</u> <input checked="" type="checkbox"/> <u>T 3S</u> <input checked="" type="checkbox"/> <u>R 6W</u> <input checked="" type="checkbox"/> |
| City _____ State _____ Zip Code _____ | <u>1.5</u> Miles <u>W</u> of <u>cochrans</u> |
| Telephone No. (<u>330</u>) <u>242-7086</u> | (Distance) _____ (Direction) _____ (Nearest Town) _____ |

Well / Borehole Data

Date drilling started: 10-25-17 Date drilling completed: 10-25-17 Hole depth: 120 Hole diameter: 7"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm and grade 60

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): JVA

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block.

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): psu

If a flowing well, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 60 feet [above or below] land surface Date measured: 10-25-17

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): string level

Well depth: 120 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: 010 inches Setting depth: From 100 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): N/A

Top of lap pipe or reduction in casing: N/A feet

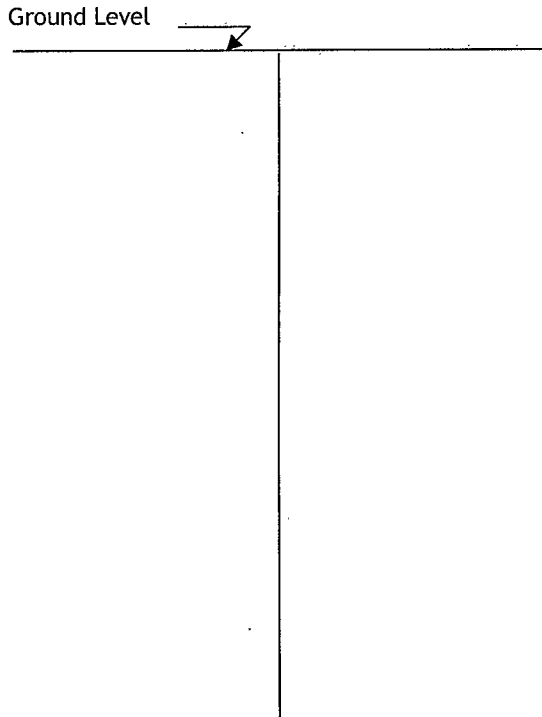
If telescoped or more than one screen, describe on next page

County: _____
 Permit #: _____

For Office Use Only:
 Well #: M427

The sketch below only required for water wells

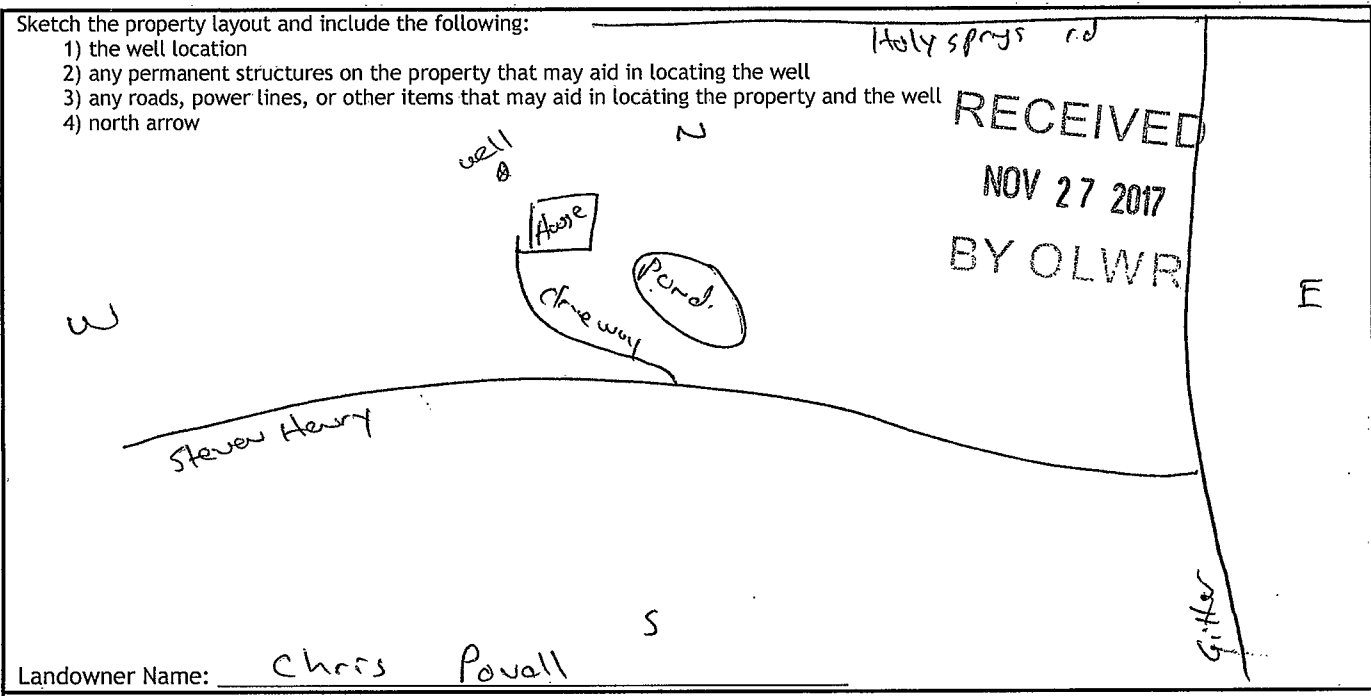
If well telescopes, show depths on sketch.



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 | 25 |
| gravel | 25 | 45 |
| white clay | 45 | 50 |
| white sand | 50 | 120 |
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If more than one screen, show location of each on sketch



Landowner Name: Chris Powell

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.

James W. Mason 0-670 11-22-17 James W. Mason
 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 #: M427
 Aquifer: _____

County: Desoto
 Permit #: _____
 Driller: Jones w. Mason
 Date completed: 10-25-17
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>Chris Powell</u> | Latitude: <u>34°48'00.59" N</u> Longitude: <u>89°50'27.13" W</u> |
| Mailing Address: <u>8398 Steven Henry</u> | Method of Lat/Long (check one): Conventional Survey _____, 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 NW 1/4, Sec 28 T 3S R 6W</u> |
| City State Zip Code | <u>1.5</u> Miles <u>W</u> of <u>Cockrum</u> |
| Telephone No. <u>(338) 242-7086</u> | (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10-25-17 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 34 Setting Depth: 80 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 10-25-17 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): string weigh

Pump Test Data for Flowing Well

Measured shut in head: N/A feet.

Well yielded 10 GPM with a drawdown of N/A feet after 24 hours of pumping

Meter Installation

Meter Manufacturer: N/A Meter Serial Number: N/A **RECEIVED**

Meter Model Number/Name: N/A Type of Meter: N/A **NOV 27 2017**

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A

Installation Date: N/A Meter installed by: N/A **BY OLWR**

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.

Jones w. Mason 0-620 11-22-17 Jones w. Mason
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer