

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 #: M454
 Aquifer: _____
 E-Log #: _____

County: Desoto
 Permit #: _____
 Driller: Jones W. Major
 Date drilling completed: 8-30-18

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>H and S Homes</u>	Latitude: <u>34°49'51.48" N</u> Longitude: <u>89°45'12.53" W</u>
Mailing Address: <u>13385 Strickland Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byholia</u> MS <u>38611</u>	<u>NE</u> <u>NW</u> <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec <u>18</u> T <u>35</u> R <u>5W</u>
City State Zip Code	<u>1/2</u> Miles <u>NE</u> of <u>Simons Mill</u>
Telephone No. <u>(901) 647-4715</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-30-18 Date drilling completed: 8-30-18 Hole depth: 140 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 greater
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): N/A
 Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) N/A

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): N/A
 If a flowing well, method of flow regulation: Valve N/A Other (describe) _____
 Static Water Level: 6' feet [above or below] land surface Date measured: 8-30-18
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): strings/weight
 Well depth: 140 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 120 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 120 feet to 140 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

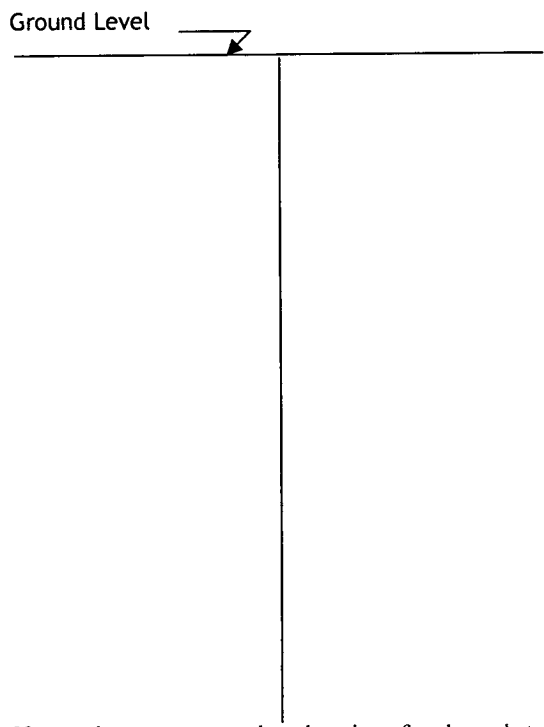
If telescoped or more than one screen, describe on next page

County: _____
 Permit #: _____

For Office Use Only:
 Well #: M454

The sketch below only required for water wells

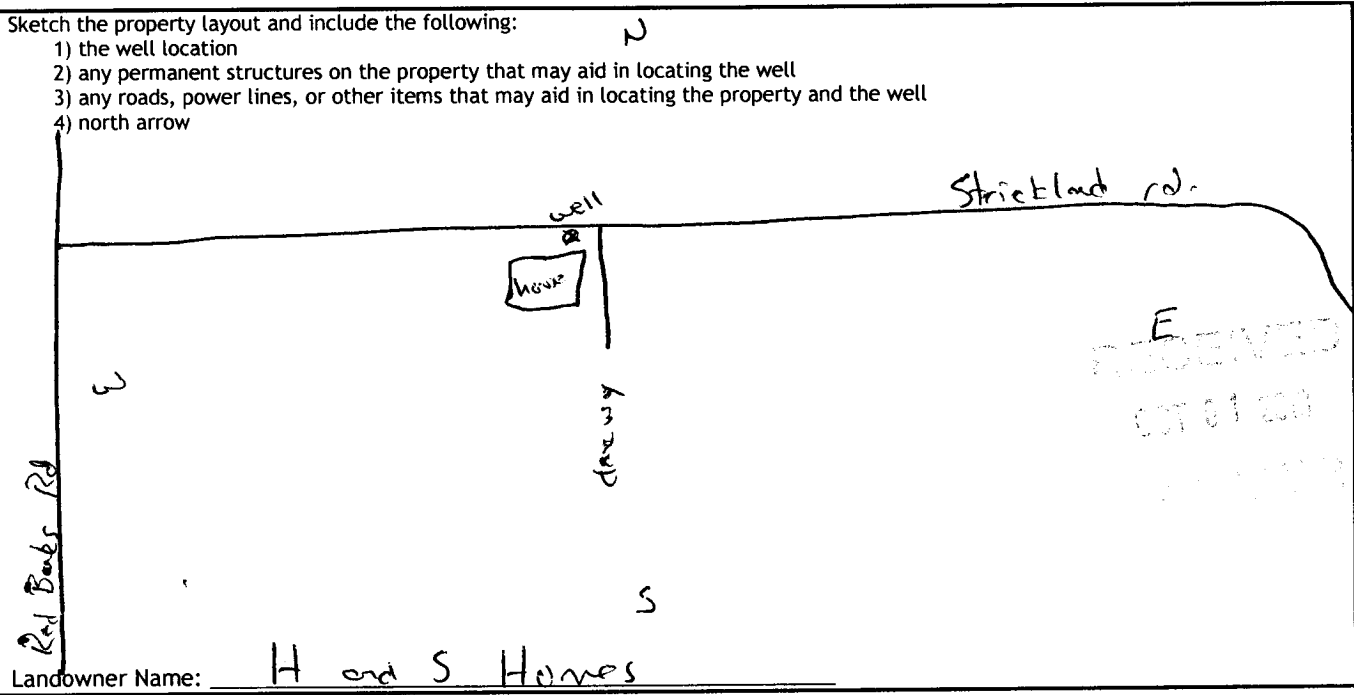
If well telescopes, show depths on sketch.



If more than one screen, show location of each 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
white sand	15	65
white clay	65	80
white sand	80	100
white clay	100	108
white sand	108	140



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. Mason 0-620 9-27-18 Jones 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 #: M454

Aquifer: _____

County: Desoto
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 8-30-18
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>14 and S Homes</u>	Latitude: <u>34°49'51.48" N</u> Longitude: <u>89°45'12.53" W</u>
Mailing Address: <u>13385 Strickland rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byhalia</u> MS <u>38611</u>	<u>NW</u> ^{NE} / ₄ <u>NE</u> ^{NW} / ₄ , Sec <u>18</u> T <u>35</u> R <u>5W</u>
City State Zip Code	<u>1/2</u> Miles <u>N/E</u> of <u>Insons Mill</u>
Telephone No. <u>(901) 647-4715</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 8-30-18 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: 3/4 Setting Depth: 40 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 8-30-18 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 6' 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 weight

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

Meter Model Number/Name: N/A Type of Meter: N/A

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

Installation Date: N/A Meter installed by: N/A

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 9-27-18 Jones W. Mason
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer