STA	TE WELL REPORT	373		
county: Descrite	Part 1	For Office Use Only:		
Parmit #*	Driller's Log	Well #:		
Mississippi U	Department of Environmental Quality e of Land and Water Resources	Aquifer:		
12 1-19	P.O. Box 2309	E-Log #:		
Date drilling completed:	Jackson, MS 39225-2309 (601)961-5210			
	(601)360-0535 (fax)			
State Law requires that this report be prepared be Department at the above address within 30 days				
Well Owner Information (Landowner if borehole is not for a water well)		ehole Location		
Owner Name: Trent Ross	) Latitude: 34°47′43,37″N Lon	gitude: <u>89°48′15</u> ,60″w		
Mailing Address: 4396 hwy 305	Method of Lat/Long (check one)	): Conventional Survey,		
marting Address.		PS, Survey-grade GPS		
Hernondo MS 3863. City State Zip Co	<b>-</b>	76/T 35/R 64/		
	ode 1/2 Miles SE of	f lockrum		
Telephone No. ( <u>901</u> ) <u>50分 630 7 -                                  </u>	(Distance) (Direction)	(Nearest Town)		
Well / Borehole Data  Date drilling started: 10-1-18 Date drilling completed: 10-1-18 Hole depth: 155 Hole diameter: 7'1  Location of the source of any surface water used for drilling: 214				
Method of dosing and volume of Chlorine used in dril	- ,	and greater		
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other ( <i>describe</i> ) ∧ ∧				
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): NIO				
If a flowing well, method of flow regulation: Valveハ^ム Other (describe)				
Static Water Level: 75 feet [above or below] land surface Date measured: 10-1-18  Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String   weight				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String / weight				

Well depth: 155 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Setting depth: From 135 feet to 155 feet

Open hole

Underreamed

Casing length: 135 feet Casing diameter: 4 inches Type of casing: puc

Screen length: 30 feet Screen diameter: 4 inches Type of screen: AVC

feet

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

Screen slot size: \_\_\_\_\_\_inches

Top of lap pipe or reduction in casing:

Other (describe): \( \sum\_{\lambda} \)

Type of completion (circle all applicable): (Gravel packed)

Natural Development

County:			r Office Use	·
Permit #:	Description of formations an		M 45	
The sketch below only required for water wells	Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations			
If well telescopes, show depths on sketch.	Description of Formations Encou	ıntered	From (depth)	To (depth)
Ground Level	day dirt		Ground level	21-
	grovel		25	40
	white clay		40	70
	white sound		70	155
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 a 3) any roads, power lines, or other items that may aid in 4) north arrow	aid in locating the well n locating the property and the well	l		
R. C.	7		ţ.	a tradición de la composición de la co La composición de la
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Zin			
کی	augy	house		E
		œ	હૈા	
Landowner Name: Treat Ross	S [Mo	9		
I HEREBY CERTIFY that the well/borehole was drilled, requirements of the Mississippi Department of Environ if applicable, and state laws.	constructed, and completed in nmental Quality and the Mississi	accordano ppi Depart	ce with all appl ment of Health	cable regulations,
Tores w. Mason O-620 Print Name of Responsible Licensee and License No.	10-25-18 Date	Signatur	. Marc., re of Licensee	-SWR-1A (4/13

## STATE WELL REPORT

## Desoto County: \_ Permit #: Driller: Jones W- Mason

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Well #: _	M457	
Aquifer:		

T Date completed. 7() 1 10	.O. Box 2309		
1	on, MS 39225-2309 Aquifer: 501)961-5210		
	) 360-0535 (fax)		
of the report must be attached and both parts filed with the L	well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Trent Ross	Latitude: 34°47′43,37″ Longitude: 89°48′157,60 " W		
Mailing Address: 4396 hwy 305	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
heavenda ms 38632	SE 1/4 NW 1/4, Sec 36 T 35 R 6W		
herwood ms 38632 City State Zip Code	110 K C C C C C C C C C C C C C C C C C C		
Telephone No. ( <u>101</u> ) <u>508-6207</u>	1/2 Miles SE of COCKIUM (Distance) (Direction) (Nearest Town)		
retepriorie no. (tot)	(Distance) (Direction) (Neurest Town)		
Pump Typ	oe (circle one)		
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):		
	Rated Pump Capacity:		
Is This Pump (circle one): New Repaired Replacemen	nt		
Power Ty	pe (circle one)		
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other ( <i>describe</i> ):		
Horse Power Rating of Motor:Setting Dept	_		
Pump Test Data	for Non Flowing Well		
Pump Test Data for Non Flowing Well  Date Well Tested: 10-1-18 Duration of Pump Test ( <i>minimum 4 hours</i> ): ラリーhours			
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): _ ハ (A Feet Below Land Surface			
Drawdown [(B) - (A)]: <u>いん</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>String (weigい</u>			
Pump Test Data for Flowing Well			
Measured shut in head: ~ 14_feet.			
Well yielded 10 GPM with a drawdown of バル feet after <u>ラ</u> 4 hours of pumping			
Meter	nstallation		
Meter Manufacturer: ~した	Meter Serial Number:ノ4		
	Type of Meter: ~ 14		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): いん			
Installation Date: レーク Meter installed by: レート			
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.			
Janes W. Majar (2-621) 10-25-18 Janes W. Man.			

Janes W. Majar (7-620) 10-25-18 Janes W. Mar.	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Print Name of Pump Installer and License No. (if applicable)  Date  Signature of Pump Installer	Tones W. Meson (1-620)  Print Name of Pump Installer and License No. (if applicable)	10-25-18 Date	Signature of Pump Installer

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