

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: K 25
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Benton
Permit #: _____
Driller: James W. Mason
Date drilling completed: 6-10-11

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Wayne Tucker</u>	Latitude: <u>34° 44' ²⁹ 396"</u> Longitude: <u>89° 15' ⁴² 201"</u>
Mailing Address: <u>1349 Om Cox rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ashland</u> City <u>MS</u> State <u>38603</u> Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>13</u> Twn <u>45</u> Rng <u>1W</u>
Telephone No. <u>(901) 489-3248</u>	<u>NW</u> Direction Nearest Town <u>43/4</u> Miles <u>NE</u> of <u>pine grove</u>
Well / Borehole Data	
Date drilling started: <u>6-10-11</u> Date drilling completed: <u>6-10-11</u> Hole depth: <u>120</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve <input checked="" type="checkbox"/> Other (describe) _____	
Static Water Level: <u>65</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-10-11</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String / weigh L</u>	
Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>50</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>70</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>NA</u>	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on next page	

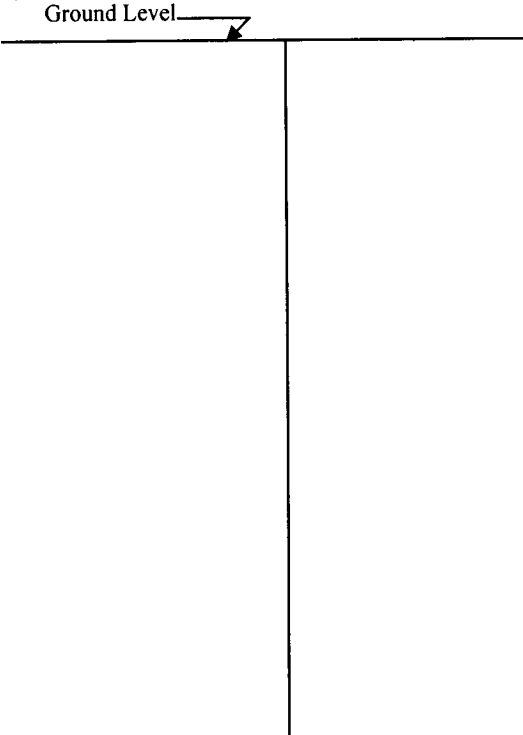
Form: OLWR-SWR-1A (04/08)

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DRILLING

K25

The sketch below only required for water wells

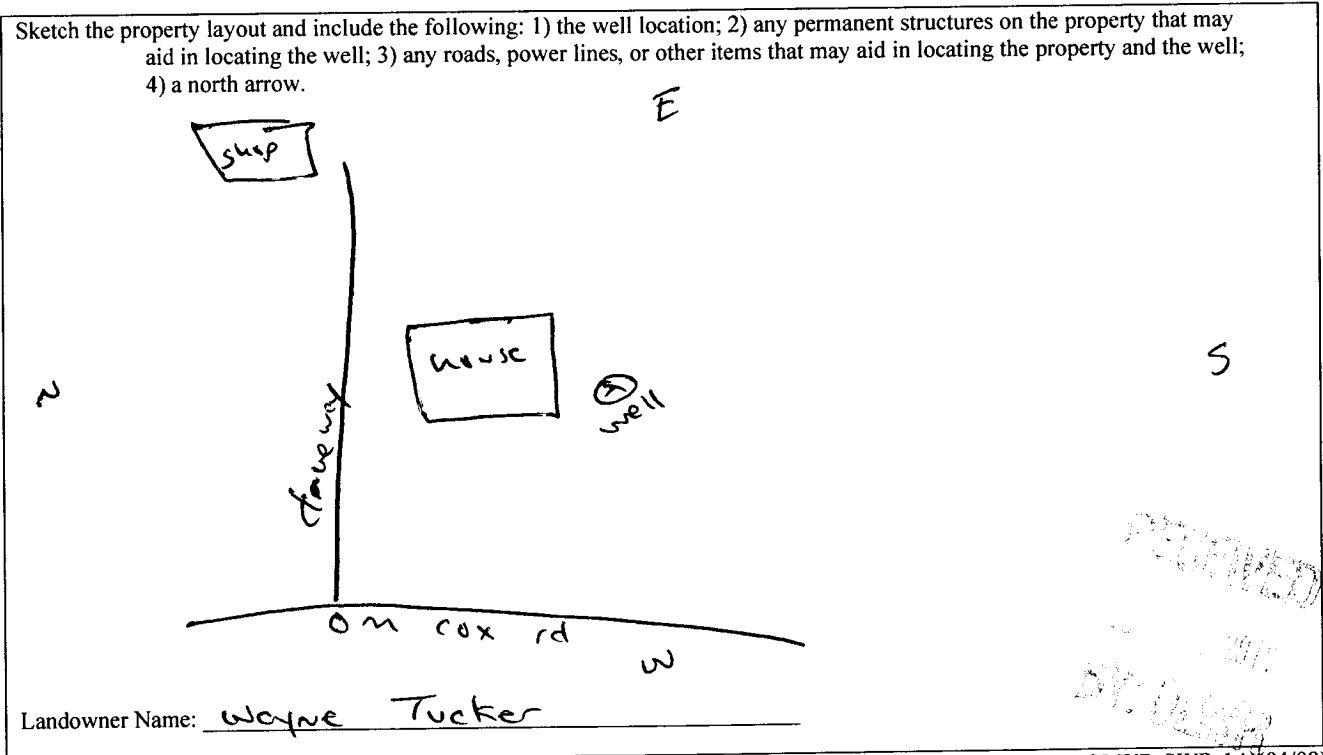
If well telescopes, show depths on sketch.



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	10
red sand	10	20
white sand	20	100
Blue clay	100	120

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



Form: OLWR-SWR-1A(04/08)

I 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 0-690
Print Name of Responsible Licensee and License No.

8-7-11
Date

[Signature]
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
 (601)961-5210
 (601)961-5228 (fax)

County: Benton
 Permit #: _____
 Driller: Jones w. Mason
 Date completed: 6-10-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

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>Wayne Tucker</u>	Latitude: <u>34.44.396</u> Longitude: <u>89.15.701</u>
Mailing Address: <u>1349 On Cox rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Ashland</u> MS <u>38603</u>	<u>SE 1/4 NW 1/4 Sec 13 T 4s R 1w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>901</u>) <u>489-3248</u>	<u>4 3/4</u> Miles <u>NE</u> of <u>pine grove</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>314</u>
Date Pump Installed: <u>6-10-11</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>1</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-10-11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): <u>string / weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>1</u> GPM with a drawdown of
Test Pumping Rate: <u>1</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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