

# 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)

County: Desoto  
Permit #: \_\_\_\_\_  
Driller: Jones W. Mason  
Date drilling completed: 10-2-09

For Office Use Only:  
Aquifer: D 146  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Dawn McCormick</u>  | Latitude: <u>34.58.000</u> Longitude: <u>89.46.44</u>                     |
| Mailing Address: <u>7336 pleasant drive</u>                                  | Method of Lat/Long (circle one): <u>00</u> Conventional Survey, <u>26</u> |
| <u>Oliver Branch MS 38654</u>  | USGS quad, <u>Hand-held GPS</u> Survey-grade GP <u>OK</u>                 |
| City State Zip Code  | <u>NE 1/4 SW 1/4 Sec 30-OK Twn 15 Rng 5W</u>                              |
| Telephone No. <u>(901) 568-9446</u>  | Distance Direction Nearest Town<br><u>1314 Miles NW of Handy Corner</u>   |

**Well / Borehole Data**

Date drilling started: 10-2-09 Date drilling completed: 10-2-09 Hole depth: 240' Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

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

Name of organization running log(s): NA

Purpose of borehole (check 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 (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 10-6-09

Method of Measurement (circle one) steel tape electric tape air line other: string weight

Well depth: 240 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/10 inches Setting depth: From 220 feet to 240 feet

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

Other (describe): NA

Top of lap pipe or reduction in casing: NA feet. *If telescoped or more than one screen, describe on next page*

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

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# 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: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 10-6-09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: D 146  
 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>Down McCormick</u>           | Latitude: <u>34.58.002</u> Longitude: <u>89.46.440</u>                                      |
| Mailing Address: <u>7336 pleasant drive</u> | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Olive Branch MS 38654</u>                | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code                         | <u>NE 1/4 SW 1/4 Sec 30 T 1S R 5W</u>   |
| Telephone No. <u>(901) 568-9446</u>         | Distance Direction Nearest Town   |
|   | <u>1 3/4 Miles NW of handy corner</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                           |
| Bucket Piston Turbine   | <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well   | Windmill Other (specify): _____                                     |
| Other (specify): _____  | Horse Power Rating of Motor: <u>3/4</u>                             |
| Date Pump Installed: <u>10-6-09</u>   | Setting Depth: <u>160</u> feet                                      |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute                                     | Number of Stages: <u>8</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one           |
|--|---|
| Date Well Tested: <u>10-6-09</u>                           | Air Line Electric Measuring Line Steel Tape             |
| Static Water Level (A): <u>110</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>10</u> GPM with a drawdown of           |
| Test Pumping Rate: <u>10</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 0-670      Jones w. Mason  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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

OCT 21 2009

BY: OLWR