

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: ~~Itasca~~ Desoto

Permit #: \_\_\_\_\_

Driller: Jones & Mason

Date drilling completed: 12-5-06

### For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: H-187

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.**

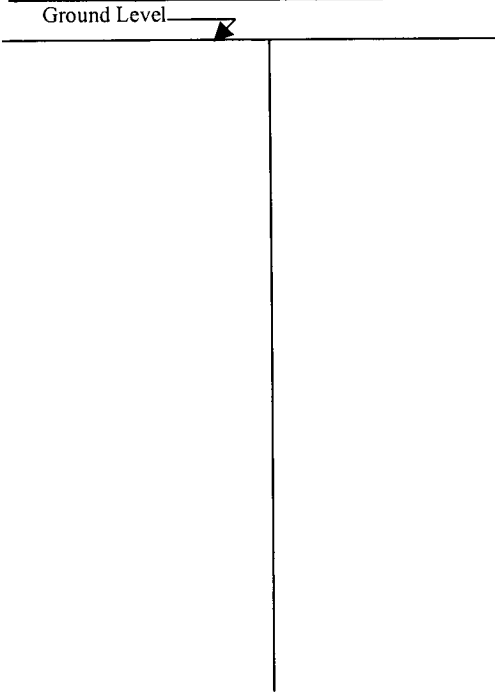
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>John Meadows</u>	Latitude: <u>34° 72' 701"</u> Longitude: <u>89° 45' 034"</u>
Mailing Address: <u>Miller rd.</u>	Method of Lat/Long (circle one): <u>42</u> Conventional Survey, <u>02</u>
<u>Miller Farms Sub</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Olive Branch MS 38654</u>	<u>NW 1/4 SE 1/4 Sec 18 Twn 25 Rng 5w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901,351-4700</u>	<u>1/2</u> Miles <u>S</u> of <u>Miller</u>
Well / Borehole Data	
Date drilling started: <u>12-5-06</u> Date drilling completed: <u>12-5-06</u> Hole depth: <u>125'</u> Hole diameter: <u>63/4</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) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>31</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-18-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Stringweight</u>	
Well depth: <u>125</u> Well grouted to a depth of <u>50</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>105</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</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>105</u> feet to <u>125</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. <i>If telescoped or more than one screen, describe on next page</i>	

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H-187

The sketch below only required for water wells

If well telescopes, show depths on sketch.

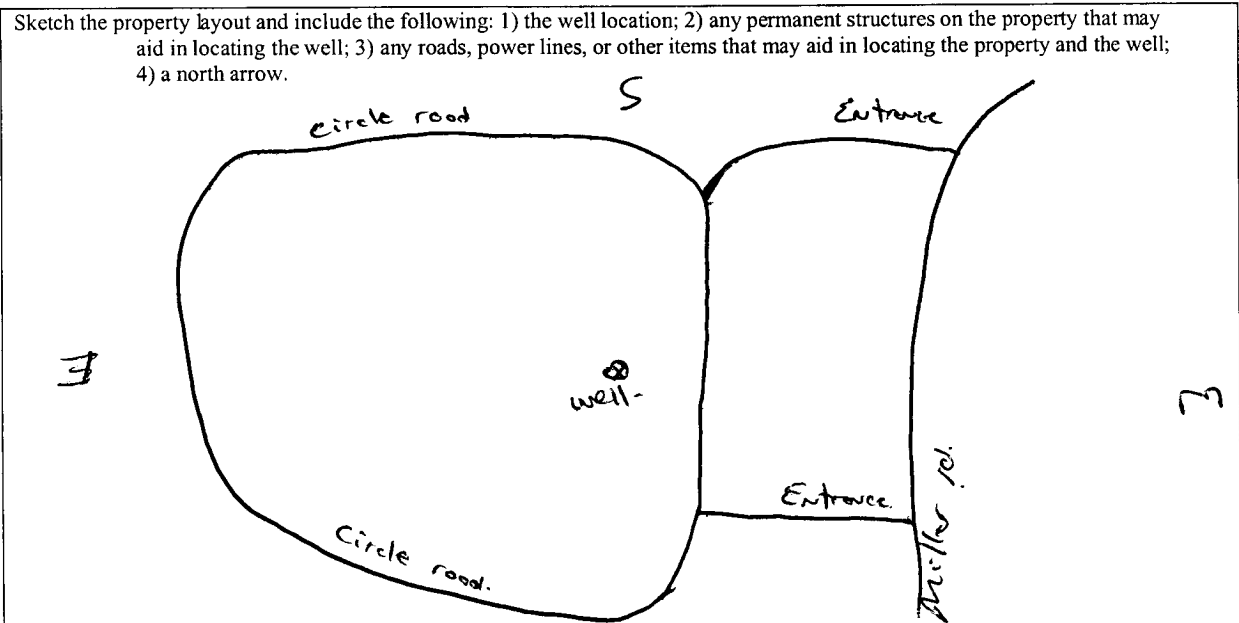


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay dirt	Ground Level	15
white clay	15	30
white sand	30	125

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: John Meadows

Form: OLWR-SWR-1A

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.

James W. Mason 0-620 12-28-06  
 Print Name of Responsible Licensee and License No. Date

James W. Mason  
 Signature of Licensee

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 12-18-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-187  
 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>John Meadows</u>	Latitude: <u>34-72-701</u> Longitude: <u>89-45-034</u>
Mailing Address: <u>Miller rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Miller Farms Sub</u>	NW ¼ SE ¼ Sec <u>18</u> T <u>25</u> R <u>5w</u>
<u>Oliver Branch ms</u> <u>38654</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>1/2</u> Miles <u>S</u> of <u>Miller</u>
Telephone No. <u>(901) 351-4700</u>	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>12-18-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-18-06</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>31</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>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</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 0620      Jones w. Mason  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 Form: OLWR-SWR-1B  
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