

# 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 #: 5161  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Desoto  
Permit #: \_\_\_\_\_  
Driller: Jones W. Mason  
Date drilling completed: 9-4-14

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Gary Smith</u>	Latitude: <u>34°50'19.13" N</u> Longitude: <u>90°09'55.75" W</u>
Mailing Address: <u>9700 hwy 304 scenic</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> <u>ms</u> <u>38632</u>	<u>NW 1/4 SW 1/4, Sec 9 T 35 R 9W</u>
City State Zip Code	<u>314</u> Miles <u>NW</u> of <u>Eudora</u>
Telephone No. (901) <u>496-4903</u>	(Distance) (Direction) (Nearest Town)

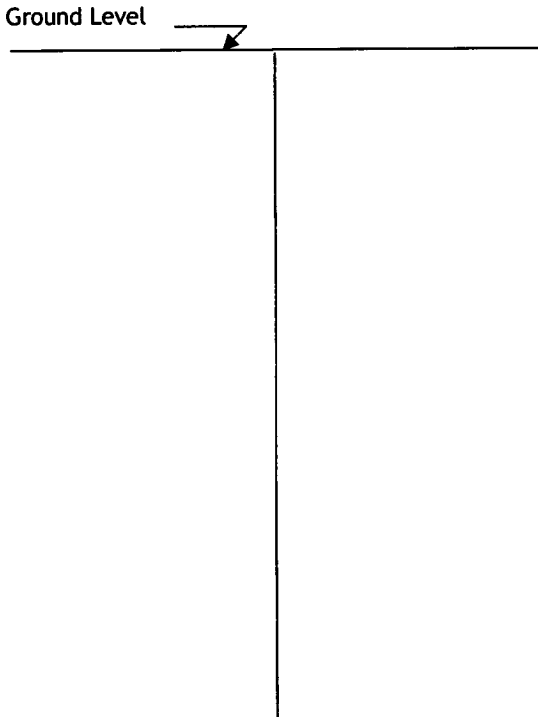
Well / Borehole Data
Date drilling started: <u>9-4-14</u> Date drilling completed: <u>9-4-14</u> Hole depth: <u>480'</u> Hole diameter: <u>6 3/4"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>5ppm and greater</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): <u>N/A</u>
If a flowing well, method of flow regulation: Valve <input type="checkbox"/> <u>N/A</u> Other (describe) _____
Static Water Level: <u>105</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>9-5-14</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>string weight</u>
Well depth: <u>480</u> Well grouted to a depth of: <u>50</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>440</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>
Screen length: <u>80</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>440</u> feet to <u>480</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): <u>N/A</u>
Top of lap pipe or reduction in casing: <u>N/A</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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

**For Office Use Only:**  
 Well #: 5161

The sketch below only required for water wells

If well telescopes, show depths on sketch.



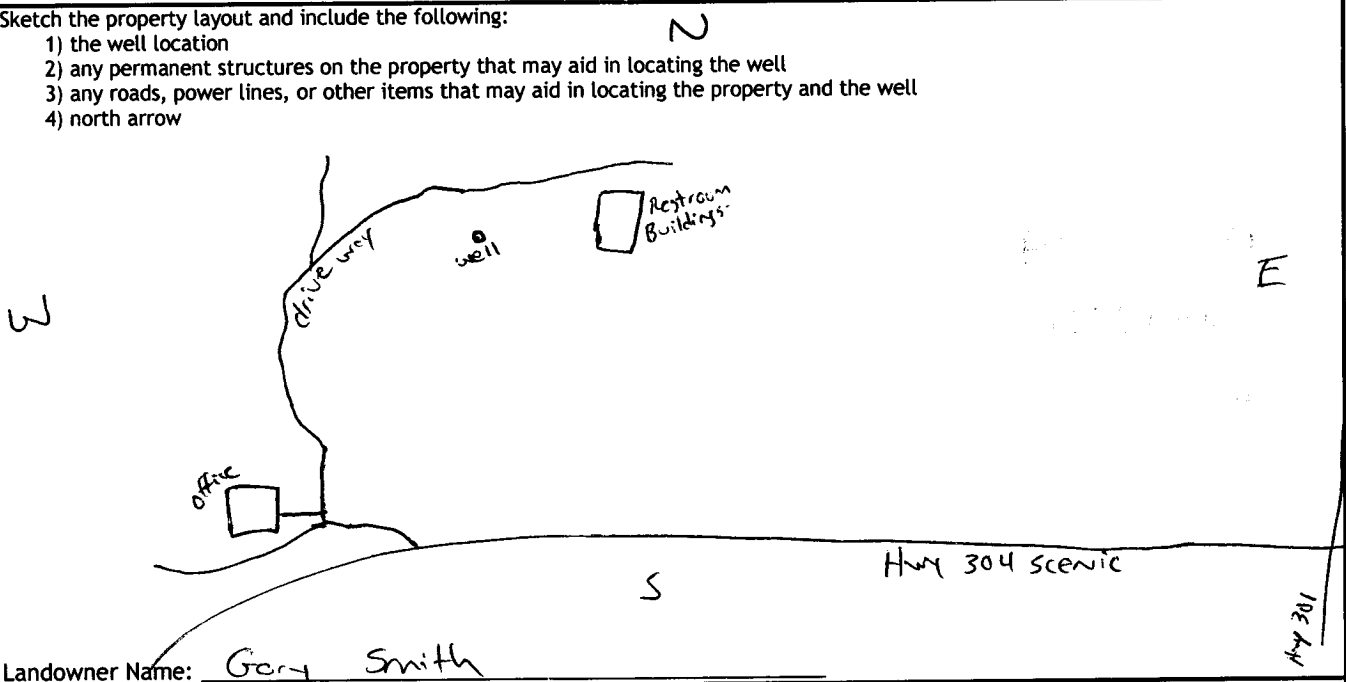
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground level	40
red sand	40	60
gravel	60	90
Rock	90	92
Blue clay	92	100
white sand	100	120
Rock	120	123
gravel	123	140
Blue clay	140	170
white sand	170	190
Blue clay	190	235
Rock	235	238
Blue clay	238	255
Rock	255	256
Blue clay	256	290
white sand	290	320
Blue clay	320	380
white sand.	380	480

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) north arrow



Landowner Name: Gary Smith

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.

James W. Mason 0-620      9-30-14      James 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 #: 5161  
 Aquifer: \_\_\_\_\_

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 9-5-14  
**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>Gary Smith</u>	Latitude: <u>34°50'19.13 N</u> Longitude: <u>90°09'55.75 W</u>
Mailing Address: <u>9700 Hwy 304 scenic</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> City <u>MS</u> State <u>38632</u> Zip Code	<u>NW 1/4 SW 1/4, Sec 9 T 3S R 9W</u>
Telephone No. (901) <u>496-4903</u>	<u>3/4</u> Miles <u>NW</u> of <u>Eudora</u> (Distance)      (Direction)      (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-5-14      Rated Pump Capacity: 90 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: 5 hp    Setting Depth: 160 feet    Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-5-14      Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 105 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: 90 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 90 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      9-30-14      Jones w. Mason  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer