

# 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 #: J11c3  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Desoto  
Permit #: \_\_\_\_\_  
Driller: Jones W. Mason  
Date drilling completed: 3-27-16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Les Riley</u>	Latitude: <u>34°46'02.58"N</u> Longitude: <u>90°10'54.89"W</u>
Mailing Address: <u>Pratt rd.</u> <u>2 miles west of hwy 301</u> <u>0.3 miles down drive way on left.</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> City State Zip Code	<u>SW 1/4 NW 1/4</u> , Sec <u>5</u> T <u>45</u> R <u>9w</u>
Telephone No. <u>(662) 760-8695</u>	<u>2</u> Miles <u>SW</u> of <u>Cub Lake</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 3-27-16 Date drilling completed: 3-27-16 Hole depth: 100' Hole diameter: 8"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 5 ppm and greater

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

Name of organization running log(s): N/A

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply  Irrigation Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 33 feet [above or  below] land surface Date measured: 3-28-16

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): string weight

Well depth: 100' Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: pvc

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

Screen slot size: .010 inches Setting depth: From 70 feet to 100 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

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

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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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: 51103  
 Aquifer: \_\_\_\_\_

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date completed: 3-28-16  
*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>Les Riley</u>	Latitude: <u>34°46'02.58"N</u> Longitude: <u>90°10'54.89"W</u>
Mailing Address: <u>Pratt rd.</u> <u>2 miles w. of Hwy 301</u> <u>0.3 miles down driveway on left.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>bernardo</u> City <u>Ms.</u> State <u>38632</u> Zip Code	<u>SW 1/4 NW 1/4, Sec 5 T 4S R 9W</u>
Telephone No. ( <u>662</u> ) <u>760-8695</u>	<u>2</u> Miles <u>SW</u> of <u>cub lake</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 3-28-16      Rated Pump Capacity: 60 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: 5hp    Setting Depth: 60 feet    Number of Stages: 12

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3-28-16      Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 33 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: 60 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 60 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

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*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      4-26-16      Jones W. Mason  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer