

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: James W. Mason  
 Date drilling completed: 8-13-07

**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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L-110  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Burk Hendrix</u>	Latitude: <u>34° 46' 607"</u> Longitude: <u>89° 56' 217"</u>
Mailing Address: <u>LOT 45</u>	Method of Lat/Long (circle one): Conventional Survey, <sup>36</sup> 13
<u>Slocum trails</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>Hernando MS 38632</u>	<u>NE 1/4 SE 1/4 Sec 33 Twn 3S Rng 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 488-2698</u>	<u>3 1/2</u> Miles <u>W</u> of <u>Alpha</u>
Well / Borehole Data	
Date drilling started: <u>8-13-07</u> Date drilling completed: <u>8-13-07</u> Hole depth: <u>155</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) _____	
<b><i>If drilling is not related to water well construction, skip the remainder of this block</i></b>	
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 <u>NA</u> Other (describe) _____	
Static Water Level: <u>110</u> feet above or below (circle one) land surface Date measured: <u>8-17-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String weight</u>	
Well depth: <u>155</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>135</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>135</u> feet to <u>155</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>	

Form: OLWR-SWR-1A


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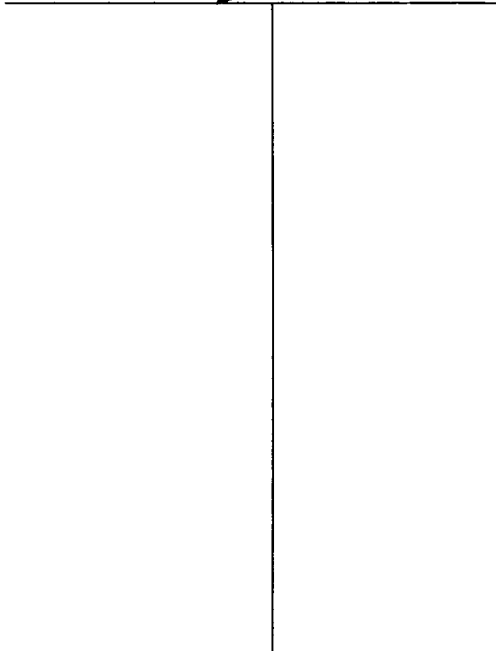
L-110

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

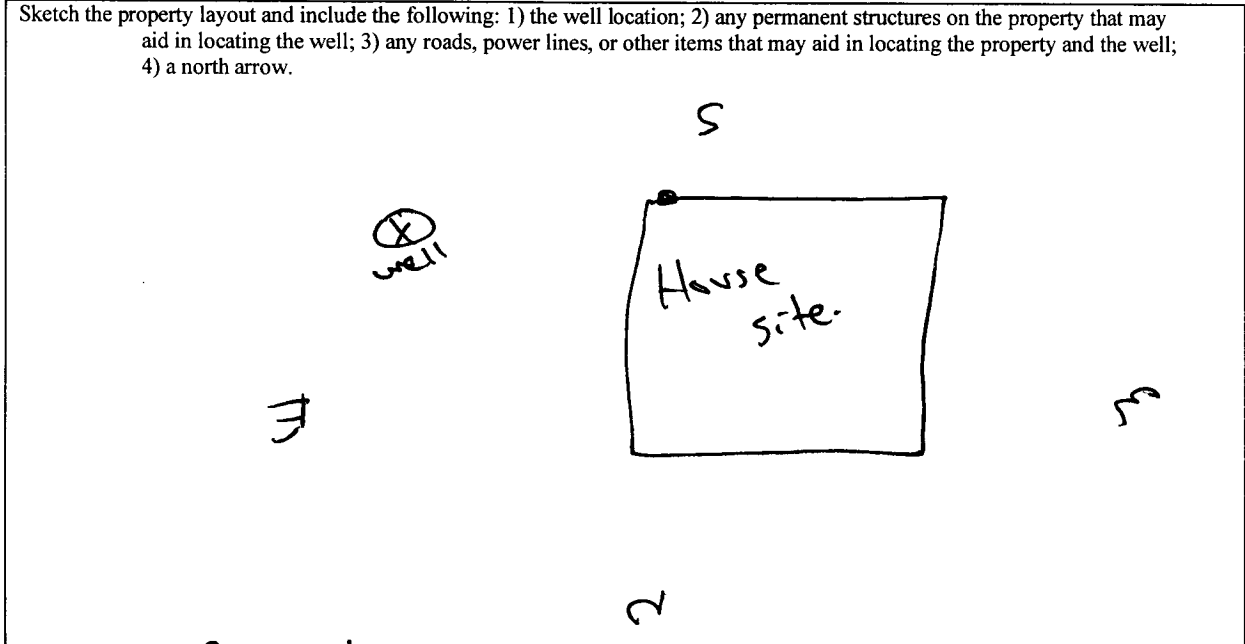
Ground Level 



Description of Formations Encountered	From (depth)	To (depth)
Clay dirt.	Ground Level	15
white clay	15	35
gravel	35	60
blue clay	60	120
white sand.	120	155

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: Burk Hendrix.

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 9-7-07  
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: James W. Mason  
 Date completed: 8-17-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L-110  
 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>Burk Hendrix</u>	Latitude: <u>34.46.607</u> Longitude: <u>89.56.217</u>
Mailing Address: <u>LOT 45</u> <u>Slocum trails</u> <u>Hernando MS 38632</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE 1/4 SE 1/4 Sec 33 T 3s R 7w</u>
Telephone No. <u>(901) 488-2698</u>	Distance Direction Nearest Town <u>3 1/2</u> Miles <u>W</u> of <u>Alpha</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 hp</u>
Date Pump Installed: <u>8-17-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-17-07</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>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</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.

James W. Mason 0-620 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWP-1B

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SEP 11 2007

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