

State Well Report

Part 1

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 #: M-140 033
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 9-8-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Scott Adcock</u>	Latitude: <u>34.49.08</u> Longitude: <u>89.44.93</u>
Mailing Address: <u>13622 Cathy rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>56</u>
<u>Bethonia</u> MS <u>38611</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>17</u> Twn <u>3s</u> Rng <u>5w</u>
Telephone No. <u>(901) 289 5763</u>	Distance Direction Nearest Town <u>1</u> Miles <u>SE</u> of <u>Jorgens mill</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>9-8-04</u> Date well drilling completed: <u>9-8-04</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>40</u> feet above or <u>(below)</u> land surface Date measured: <u>9-8-04</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>strings and wires</u>	
Hole depth: <u>140'</u> Well depth: <u>140'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>130'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>10</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>130</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	

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I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jones W. Mason 0-620
Print Name of Water Well Contractor and License No.

Jones W. Mason
Signature of Water Well Contractor

M-140

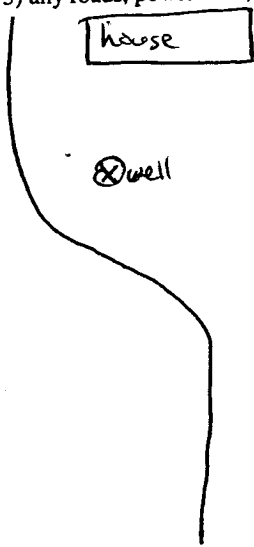
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay dirt.	0	30
gravel	30	40
white clay	40	45
white sand	45	140

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) indicate direction.



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Landowner Name: Scott Adcock E

Gay W. Mason
 Signature of Water Well Contractor

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: 9-8-04

For Office Use Only:

Aquifer: _____
Well #: M-140
Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Scott Adcock</u>	Latitude: <u>34-49-098</u> Longitude: <u>89-44-933</u>
Mailing Address: <u>13622 Cathy rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Byndia</u> <u>ms</u> <u>3861</u>	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>17</u> Twn <u>3S</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 789-5763</u>	<u>1</u> Miles <u>SE</u> of <u>Ingram</u> <u>Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-8-04</u>	Setting Depth: <u>80</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-8-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>string and 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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</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 Jones W. Mason
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer