

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: Oesato
 Permit #: _____
 Driller: Jones W. Maser
 Date drilling completed: 5-15-07

For Office Use Only:

Aquifer: _____
 Well #: M-232
 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>Brod Lett</u>	Latitude: <u>34° 51' 58.7"</u> Longitude: <u>89° 45' 00.4"</u>
Mailing Address: <u>13535 Byhalie rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>35</u>
<u>Byhalie</u> <u>MS</u> <u>38611</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(901) 568-2921</u>	NW ¼ NE ¼ Sec <u>5</u> Twn <u>35</u> Rng <u>5w</u>
	Distance <u>1/2</u> Miles Direction <u>E</u> of Nearest Town <u>Stonewall</u>

Well / Borehole Data

Date drilling started: 5-15-07 Date drilling completed: 5-15-07 Hole depth: 232 Hole diameter: 5"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

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

Name of organization running log(s): NA

Purpose of borehole (check 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 (check one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: _____

If a flowing well, method of flow regulation: Valve ___ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

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: 5-15-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-232
 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>Brad Lott</u>	Latitude: <u>34-57-58.7</u> Longitude: <u>89-45-00.4</u>
Mailing Address: <u>13535 Byhalia rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byhalia</u> <u>MS</u> <u>38911</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>5</u> T <u>3S</u> R <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>901</u>) <u>568-2921</u>	<u>1/2</u> Miles <u>E</u> of <u>Stonewall</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Mason 0620 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer