

# 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: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Major  
 Date drilling completed: 2-8-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-258  
 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>Don Gordon</u>	Latitude: <u>N34° 48' 56.6"</u> Longitude: <u>W 89° 45' 89.0"</u>
Mailing Address: <u>3443 Redboats rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>34</u> <u>53</u>
<u>Byholia</u> <u>MS</u> <u>38611</u> City                  State          Zip Code	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(601) 848-6285</u>	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>19</u> Twn <u>35</u> Rng <u>5w</u>
	Distance          Direction          Nearest Town <u>1</u> Miles <u>S</u> of <u>Ingram mill</u>

**Well / Borehole Data**

Date drilling started: 2-8-08    Date drilling completed: 2-8-08    Hole depth: 212'    Hole diameter: 6 3/4

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: 60 feet above or (below) (circle one) land surface    Date measured: 2-9-08

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

Well depth: 212    Well grouted to a depth of 10 feet    Type of grout (circle one): Neat Cement (Bentonite)    Mix

Casing length: 202 feet    Casing diameter: 4 inches    Type of casing: pvc

Screen length: 10 feet    Screen diameter: 4 inches    Type of screen: pvc

Screen slot size: .010 inches    Setting depth: From 202 feet to 212 feet

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

Other (describe): NA

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

Form: OLWR-SWR-1A

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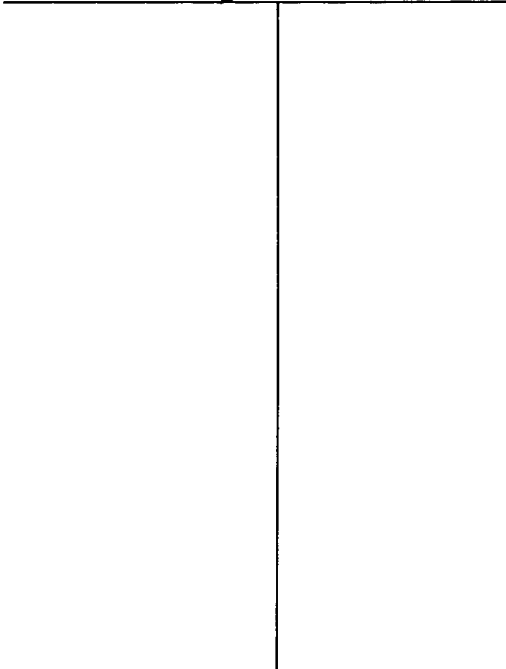
BY: OLWR

M-258

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level ←



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	20
gravel	20	40
white sand	40	75
white clay	75	90
Blue clay	90	180
white sand	180	212

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: Don Gordon

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.

Jones W. Mason    0-620    3-6-08

[Signature]

Print Name of Responsible Licensee and License No.

Date

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: Jones w. Mason  
 Date completed: 2-9-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-258  
 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>Don Gordon</u>	Latitude: <u>N3448.566</u> Longitude: <u>W089 45.890</u>
Mailing Address: <u>3443 Fed banks rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bryhalia</u> MS <u>38611</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 19 T 35 R 5w</u>
Telephone No. (901) <u>848-6785</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>ingens mill</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	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>2-9-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-9-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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 0-620      Jones w. Mason  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1-B  
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