

# State Well Report

## Part I - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2308  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: DESOTO  
Permit #: MS-GW-16773  
Driller: GARNOR M. HUNSTON  
Date drilling completed: 4-6-11

For Office Use Only:

Aquifer: M 288  
Well #: \_\_\_\_\_  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>GARY JAMORSON</u>	Latitude: <u>34° 49' 59"</u> Longitude: <u>89° 48' 13"</u>
Mailing Address: <u>P.O. Box 339</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Rossville</u> TN <u>38066</u>	<u>SW 1/4 SE 1/4</u> Sec <u>11</u> Twn <u>03S</u> Rng <u>06W</u>
City State Zip Code	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>SE</u> of <u>Louisburg</u>
Telephone No. <u>(901) 853-3070</u>	
Well / Borehole Data	
Date drilling started: <u>4-6-11</u> Date drilling completed: <u>4-6-11</u> Hole depth: <u>180</u> Hole diameter: <u>24</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: _____	
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>N/A</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) <u>N/A</u>	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>3</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>4-6-11</u>	
Method of Measurement (circle one) <u>(steel tape)</u> electric tape air line other: _____	
Well depth: <u>180</u> Well grouted to a depth of <u>50</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix	
Casing length: <u>130</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>SDR160</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>SDR160</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>130</u> feet to <u>180</u> feet	
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>N/A</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 (04/08)

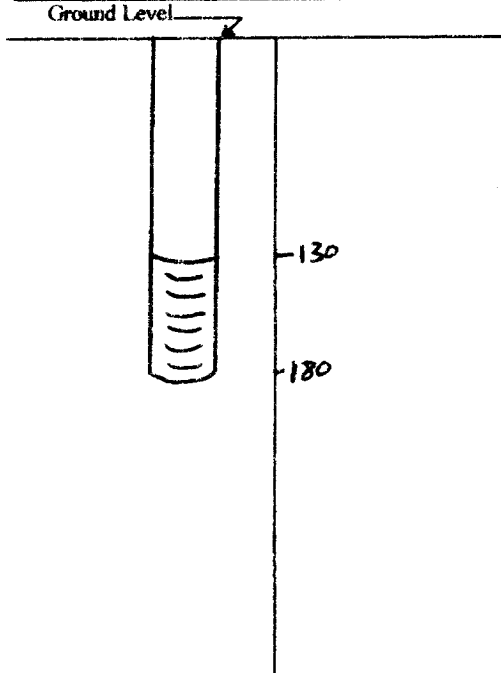
RECEIVED

APR 27 2011

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

The sketch below only required for water wells

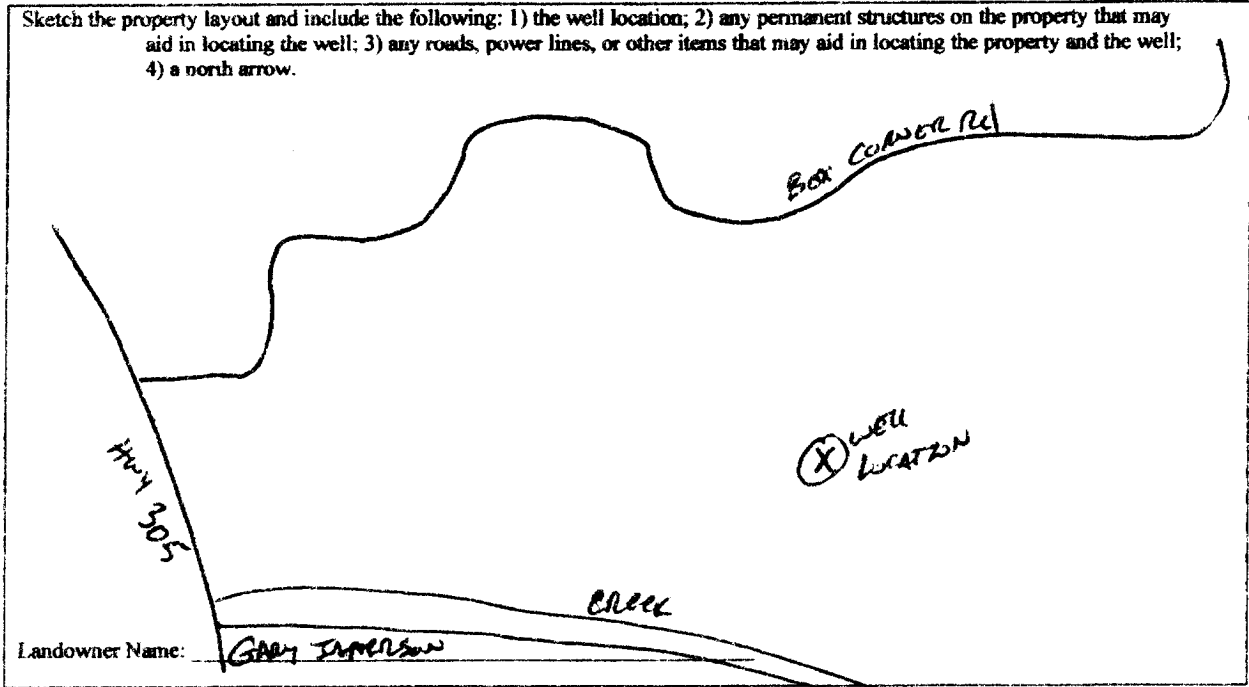
If well telescopes, show depths on sketch.



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)
BROWN CLAY	Ground Level	18
WHITE SAND	18	45
YELLOW SAND	45	90
WHITE CLAY	90	110
WHITE SAND	110	180

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

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.

GARDNER HOUSTON     WR-0424     4-25-11  
 Print Name of Responsible Licensee and License No.     Date

*Gardner Houston*  
 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 2309-  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

County: DOSOTO

Permit #: MS-GW-16873

Driller: GARNER M. HOUSTON

Date completed: 4-6-11

Copy information from block on Part 1

Aquifer: \_\_\_\_\_

Well #: M288

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

Owner Name: GARY JAMORSON

Mailing Address: P.O. Box 339

ROSSVELLS TN 38066  
City State Zip Code

Telephone No. (901) 853-3070

### Well Location

Latitude: 34° 49' 59" Longitude: 89° 48' 13"

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

USGS quad \_\_\_\_\_, Hand-held GPS , Survey-grade GPS \_\_\_\_\_

SW  $\frac{1}{4}$  SE  $\frac{1}{4}$  Sec 11 T 03S R 06W

Distance Direction Nearest Town  
1 1/2 Miles SE of LOUISBURG

### Pump Type

Circle one

Air Lift Jet  Submersible

Bucket Piston  Turbine

Centrifugal Rotary  Flowing Well

Other (specify): NA

Date Pump Installed: MAY 23, 2011

Rated Pump Capacity: 1250 Gallons Per Minute

### Power Type

Circle one

Diesel Engine  Gasoline Engine  Natural Gas

Electric Motor  Hand  Tractor PTO

Windmill  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 80

Setting Depth: 50 feet

Number of Stages: 3

### Pump Test Data

Date Well Tested: MAY 23, 2011

Static Water Level (A): 3 Feet Below Land Surface

Pumping Water Level (B): NA Feet Below Land Surface

Drawdown [(B) - (A)]: NA Feet Below Land Surface

Test Pumping Rate: 1250 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 6 hours

### Method of Measuring Water Level

Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): NA

For flowing well, measured shut in head: NA feet

Well yielded NA GPM with a drawdown of

NA feet after 6 hours of pumping

This is for (circle one): New Well  Replacement of Existing Pump  Repair of Existing Pump

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

Garnier Houston UNR-0424  
Print Name of Pump Installer and License No. (if applicable)

Garnier Houston  
Signature of Pump Installer