

# State Well Report

## Part 1 - Driller's Log

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)

County: DESETO  
Permit #: MSGW-16872  
Driller: GARNER M. HANSON  
Date drilling completed: 4-5-11

For Office Use Only:

Aquifer: M 289  
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 JAMERSON</u>	Latitude: <u>34° 50' 25"</u> Longitude: <u>89° 44' 17"</u>
Mailing Address: <u>P.O. BOX 339</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>ROSSVUE TN 38066</u> City State Zip Code	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS _____
Telephone No. <u>(901) 853-3070</u>	<u>SW 1/4 NW 1/4 Sec 09 Twn 035 Rng 05W</u>
	Distance <u>1 1/4</u> Miles Direction <u>SE</u> of Nearest Town <u>STONE WALL</u>

**Well / Borehole Data**

Date drilling started: 4-5-11 Date drilling completed: 4-5-11 Hole depth: 155 Hole diameter: 15"

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

Method of dosing and volume of Chlorine used in drilling and development: N/A

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) N/A

*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 N/A Other (describe) \_\_\_\_\_

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 4-5-11

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

Well depth: 155 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 100 feet Casing diameter: 10 inches Type of casing: SDR 200

Screen length: 55 feet Screen diameter: 10 inches Type of screen: SDR 200 .020 slot

Screen slot size: .020 inches Setting depth: From 100 feet to 155 feet

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

Other (describe): N/A

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 (04/08)

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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:

Aquifer: \_\_\_\_\_  
Well #: M 289  
Elevation: \_\_\_\_\_

County: DESBORO

Permit #: MS-GW-16872

Driller: GARNER M. Houston

Date completed: 4-8-11

Copy information from block on Part 1

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>GARY JAMBLESON</u>	Latitude: <u>34° 50' 25"</u> Longitude: <u>89° 44' 17"</u>
Mailing Address: <u>P.O. Box 339</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>ROSSVILLE TN 38066</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 09 T 035 R 05W</u>
Telephone No. <u>(901) 853-3070</u>	Distance Direction Nearest Town <u>1 1/4 Miles SE of Stone Hill</u>

Pump Type	Power Type
Air Lift	Diesel Engine
Jet	Gasoline Engine
<input checked="" type="radio"/> Submersible	Natural Gas
Bucket	Electric Motor
Piston	Hand
Turbine	Tractor PTO
Centrifugal	Windmill
Rotary	Other (specify): <u>N/A</u>
Flowing Well	
Other (specify): <u>N/A</u>	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>MAY 24, 2011</u>	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>MAY 24, 2011</u>	Air Line
Static Water Level (A): <u>18</u> Feet Below Land Surface	Electric Measuring Line
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	<input checked="" type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Test Pumping Rate: <u>600</u> Gallons Per Minute	For flowing well, measured shut in head: <u>N/A</u> feet
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Well yielded <u>N/A</u> GPM with a drawdown of <u>N/A</u> feet after <u>24</u> 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.

GARNER HOUSTON OLWR-0424  
Print Name of Pump Installer and License No. (if applicable)

Garnier Houston  
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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