

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)

For Office Use Only:

Aquifer: M 301
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: _____
Driller: James W. Mason
Date drilling completed: 11-27-11

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>Tommy Wallace</u>	Latitude: <u>34° 46' 32.8"</u> Longitude: <u>89° 44' 53.1"</u>
Mailing Address: <u>NO address - Red Bank rd</u> <u>North west of CANAL Bridge</u>	Method of Lat/Long (circle one): <u>22</u> Conventional Survey, <u>31</u>
<u>Byholia</u> <u>MS</u> <u>38611</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 32</u> Twn <u>35</u> Rng <u>5W</u>
Telephone No. <u>(901) 626-3216</u>	Distance Direction Nearest Town <u>314</u> Miles <u>SE</u> of <u>Ingram's Mill</u>
Well / Borehole Data	
Date drilling started: <u>11-27-11</u> Date drilling completed: <u>11-27-11</u> Hole depth: <u>90'</u> Hole diameter: <u>63/4</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: <u>NA</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) <u>NA</u>	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>6'</u> feet above or below (circle one) land surface Date measured: <u>11-27-11</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>string weight</u>	
Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>80</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>80</u> feet to <u>90</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>NA</u>	
Top of lap pipe or reduction in casing: <u>NA</u> 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 #: M301
 Elevation: _____

County: DeSoto
 Permit #: _____
 Driller: James W. Moser
 Date completed: 11-27-11

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

Owner Name: Tommy Wallace
 Mailing Address: no address Red Banks rd.
north west of canal bridge
Byhalia MS 38611
 City State Zip Code
 Telephone No. (901) 626-3216

Well Location

Latitude: 32-46.378 Longitude: 89.44.531
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SW 1/4 SE 1/4 Sec 32 T 35 R 5w
 Distance Direction Nearest Town
3/4 Miles SE of Ingrams Mill

Pump Type
Circle one

Air Lift Jet **Submersible**
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-27-11
 Rated Pump Capacity: 10 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: 3/4
 Setting Depth: 40 feet
 Number of Stages: 8

Pump Test Data

Date Well Tested: 11-27-11
 Static Water Level (A): 6 Feet Below Land Surface
 Pumping Water Level (B): NA Feet Below Land Surface
 Drawdown [(B) - (A)]: NA Feet Below Land Surface
 Test Pumping Rate: 10 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): string weight
 For flowing well, measured shut in head: NA feet
 Well yielded 10 GPM with a drawdown of
NA feet after 24 hours of pumping

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

James W. Moser 0-620
 Print Name of Pump Installer and License No. (if applicable)

James W. Moser
 Signature of Pump Installer

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

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