

328

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: M 524  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Desoto  
Permit #: \_\_\_\_\_  
Driller: Jones W. Mason  
Date drilling completed: 6-7-20

*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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Stoney Brook</u>	Latitude: <u>34°47'57.67"N</u> Longitude: <u>89°51'07.23"W</u>
Mailing Address: <u>7816 Ellis Anthony Cove</u> <u>LOT 10</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> MS <u>38632</u>	<u>SW</u> <sup>NE</sup> 1/4 <u>NE</u> 1/4, Sec <u>29</u> T <u>3S</u> R <u>6W</u>
City State Zip Code	<u>2 1/2</u> Miles <u>SW</u> of <u>Coctrum</u>
Telephone No. <u>(662) 890-5629</u>	(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 6-7-20 Date drilling completed: 6-7-20 Hole depth: 200 Hole diameter: 7"  
 Location of the source of any surface water used for drilling: N/A  
 Method of dosing and volume of Chlorine used in drilling and development: 50 ppm and greater  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): N/A  
 Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 52 feet [above or below land surface] (circle one) Date measured: 6-7-20

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String weight

Well depth: 200 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 160 feet to 200 feet

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

Other (describe): N/A

Top of lap pipe or reduction in casing: N/A feet

*If telescoped or more than one screen, describe on next page*

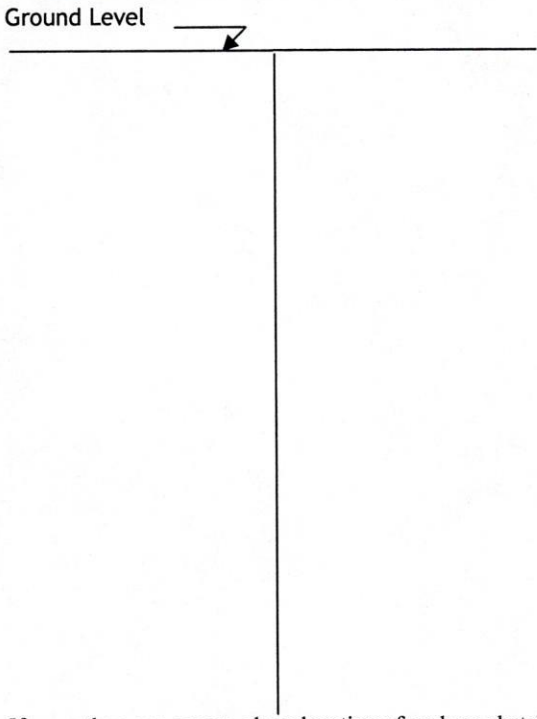
RECEIVED  
JUL 08 2020  
BY OLWR

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



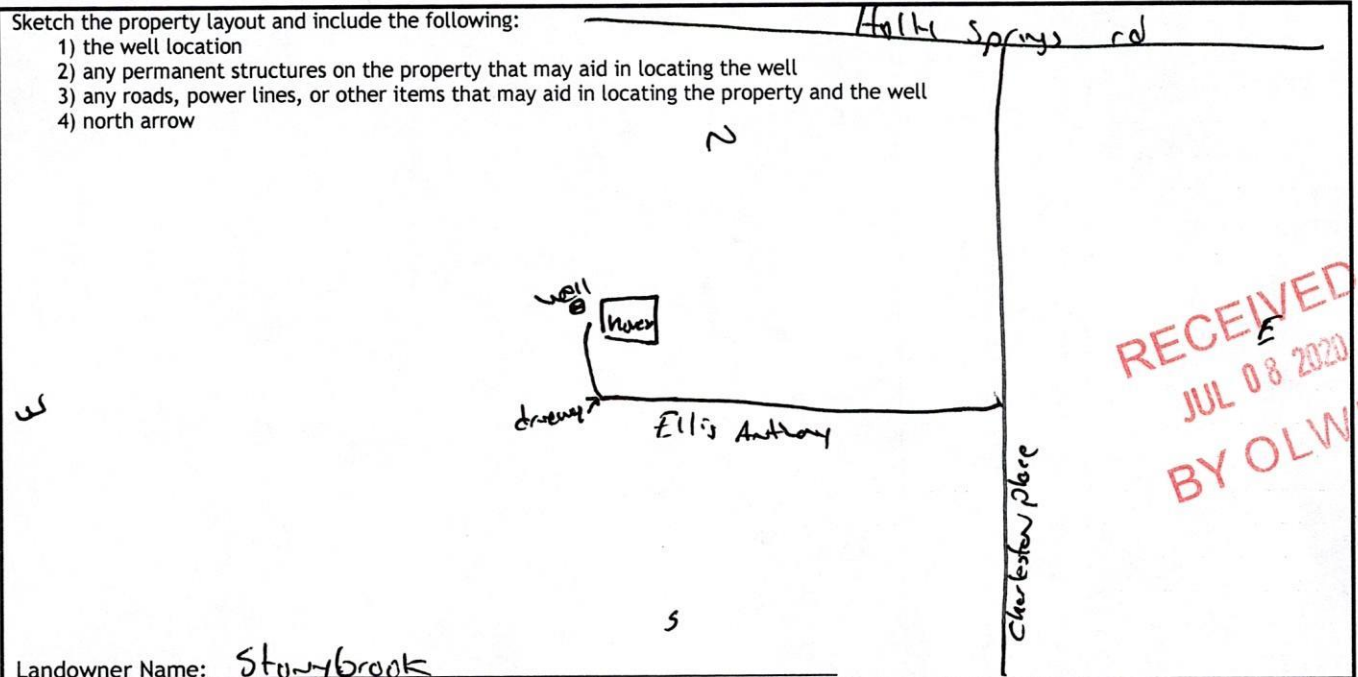
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay dirt	Ground level	20
gravel	20	30
white sand	30	100
white clay	100	125
white sand	125	180
rock	180	182
white sand	182	195
Black clay	195	200

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) north arrow



Landowner Name: Stonybrook

I HEREBY 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.

James W. Meser 0-620      7-6-20      James W. Meser  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

#### For Office Use Only:

Well #: M 524

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

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 6-7-20  
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>Stoneybrook</u>	Latitude: <u>34°47'57.67"N</u> Longitude: <u>89°51'07.23"W</u>
Mailing Address: <u>7816 Ellis Anthony Cove</u> <u>LOT 18</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hernando</u> MS <u>38632</u> City State Zip Code	<u>SW NE</u> 1/4 <u>NE</u> 1/4, Sec <u>29</u> T <u>3S</u> R <u>6W</u>
Telephone No. <u>(662) 890-5629</u>	<u>2 1/2</u> Miles <u>SW</u> of <u>Cockrum</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 6-7-20 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 3/4 Setting Depth: 80 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-7-20 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 52 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): string weight

**Pump Test Data for Flowing Well**

Measured shut in head: N/A feet.

Well yielded 10 GPM with a drawdown of N/A feet after 24 hours of pumping

**Meter Installation**

Meter Manufacturer: N/A Meter Serial Number: N/A

Meter Model Number/Name: N/A Type of Meter: N/A

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A

Installation Date: N/A Meter installed by: N/A

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Jones w. Mason 0-620 7-6-20 Jones w. Mason  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
JUL 01 2020  
BY O-LWR