

# 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: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Jones W. Mason  
Date drilling completed: 9-6-10

**For Office Use Only:**  
Aquifer: M 19  
Well #: N44  
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>Brian Walters</u>	Latitude: <u>34° 13' 52" N</u> Longitude: <u>89° 40' 40" W</u>
Mailing Address: <u>1065 Hwy 328</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Oxford</u> <u>MS</u> <u>38655</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>20</u> Twn <u>15</u> Rng <u>40</u>
Telephone No. <u>(601) 438-1901</u>	Distance <u>SW</u> <u>12</u> <u>105</u> <u>SW</u> <u>3 1/2</u> Miles <u>SE</u> of <u>splinter</u>

**Well / Borehole Data**

Date drilling started: 9-6-10 Date drilling completed: 9-6-10 Hole depth: 76' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: not

Method of dosing and volume of Chlorine used in drilling and development: not

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): not

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) not

**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 not Other (describe) \_\_\_\_\_

Static Water Level: 6" inches not above or below (circle one) land surface Date measured: 9-6-10

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

Well depth: 76' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 56' feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 56 feet to 76 feet

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

Other (describe): not

Top of lap pipe or reduction in casing: not feet. *If telescoped or more than one screen, describe on next page*

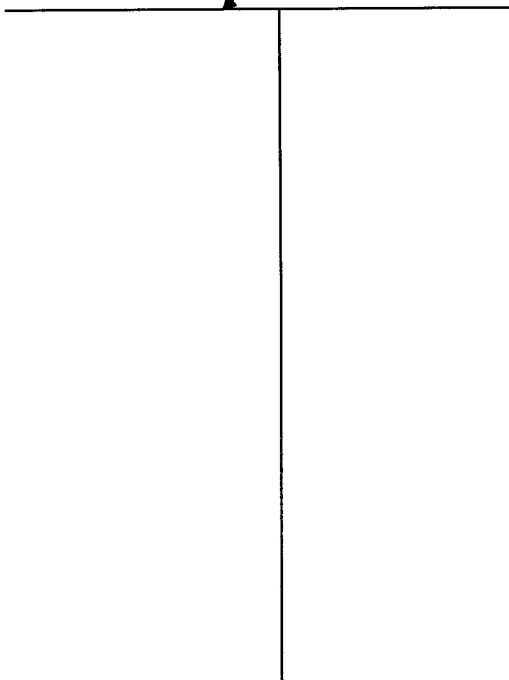
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



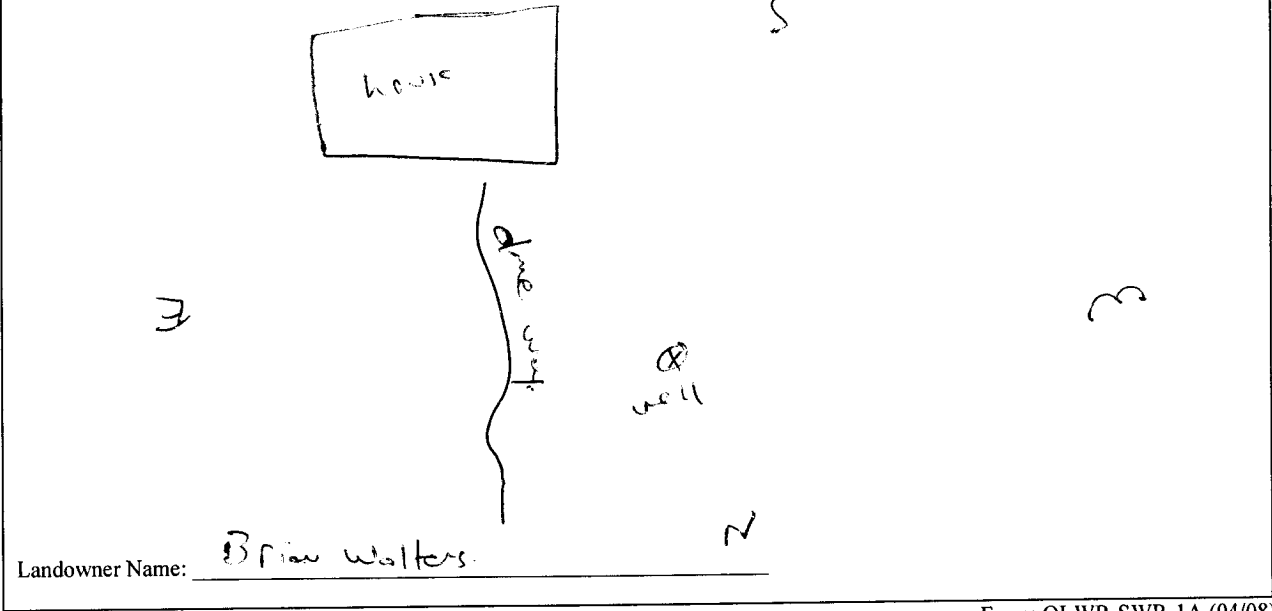
*119* N44

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	10
red sand	10	12
white sand	12	26

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.



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.

Jones W. Masaw 0-620  
Print Name of Responsible Licensee and License No.

10-4-10  
Date

Jones W. Masaw  
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)

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 9-6-10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N44  
 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>Brian Walters</u>	Latitude: <u>34.13.881</u> Longitude: <u>89.40.676</u>
Mailing Address: <u>1065 Hwy 328</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Oxford</u> <u>MS</u> <u>38651</u> City                  State                  Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(701) 438-1901</u>	SE 1/4 <u>NE</u> 1/4 Sec <u>28</u> T <u>25</u> R <u>4W</u> <u>SW</u> <u>12</u> <u>105</u> <u>5W</u> Distance                  Direction                  Nearest Town <u>3 1/2</u> Miles <u>SE</u> of <u>Splinter</u>

Pump Type Circle one	Power Type Circle one
Air Lift                  Jet <u>Submersible</u> Bucket                  Piston                  Turbine Centrifugal                  Rotary                  Flowing Well Other (specify): <u>nt</u>	Diesel Engine                  Gasoline Engine                  Natural Gas <u>Electric Motor</u> Hand                  Tractor PTO Windmill                  Other (specify): _____ Horse Power Rating of Motor: <u>374</u>
Date Pump Installed: <u>9-6-10</u>	Setting Depth: <u>40'</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>9-6-10</u>	Air Line                  Electric Measuring Line                  Steel Tape
Static Water Level (A): <u>6" <sup>inches</sup></u> Feet Below Land Surface	Other (specify): <u>String weight</u>
Pumping Water Level (B): <u>nt</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>nt</u> feet
Drawdown [(B) - (A)]: <u>nt</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>nt</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  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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