

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-110  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marshall  
Permit #: QW16385  
Driller: Garner Houtch  
Date drilling completed: 12/19/06

**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>Standard Construction Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 38289</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>GERMANTOWN TN 38183</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 13 Twn T25 Rng R5W</u>
Telephone No. <u>(901) 853-2335</u>	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Barton MS.</u>

**Well / Borehole Data**

Date drilling started: 12/18/06 Date drilling completed: 12/19/06 Hole depth: 225' Hole diameter: 29"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: 5 lbs. of GRANULAR CHLORINE

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

Name of organization running log(s): \_\_\_\_\_

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

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*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 \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 115' feet above or (below) (circle one) land surface Date measured: 12/19/06

Method of Measurement (circle one) steel tape electric tape air line other: String + Weight

Well depth: 225' Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 185' feet Casing diameter: 12" inches Type of casing: Steel

Screen length: 40' feet Screen diameter: 12" inches Type of screen: Stainless Steel

Screen slot size: .020" inches Setting depth: From 185' feet to 225' feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: NONE feet. *If telescoped or more than one screen, describe on next page*

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Marshall  
 Permit #: GW16385  
 Driller: Garner Houston  
 Date completed: 12/19/06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-110  
 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>Standard Construction Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 38289</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Germanatown TN 38183</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 13 T72S R85W</u>
Telephone No. <u>(901) 853-2335</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>S</u> of <u>Barton MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50 HP</u>
Date Pump Installed: <u>12/21/06</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/21/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>115'</u> Feet Below Land Surface	Other (specify): <u>String + weight</u>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>1000</u> GPM with a drawdown of
Test Pumping Rate: <u>1000</u> Gallons Per Minute	<u>N/A</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.

Garner Houston 0-424 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Marshall  
Permit #: SW 16385  
Driller: Garrett Houton  
Date drilling completed: 12/19/06

For Office Use Only:  
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Telephone No. <u>(901) 853-2335</u>	Distance <u>4</u> Miles <u>S</u> Direction of <u>Nearest Town Barton MS.</u>

**Well / Borehole Data**

Date drilling started: 12/18/06 Date drilling completed: 12/19/06 Hole depth: 225' Hole diameter: 2 1/2"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: 5 lbs. of Granular Chlorine

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

Name of organization running log(s): \_\_\_\_\_

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*Sherry*  
*of entered*  
*at WRLMS*  
*JAN*

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