

# 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: \_\_\_\_\_  
Well #: D139  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marshall  
Permit #: \_\_\_\_\_  
Driller: James W. Mason  
Date drilling completed: 11-8-11

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)

Owner Name Joyce Brewer  
Mailing Address: 147 Red Hills rd.  
Byhalia ms 38611  
City State Zip Code  
Telephone No. (901) 282-6142

### Well or Borehole Location

Latitude: 34° 51' 239" Longitude: 89° 42' 844"  
Method of Lat/Long (circle one): 44 Conventional Survey, 50  
USGS quad, Hand-held GPS, Survey-grade GPS  
SE 1/4 SW 1/4 Sec 34 ✓ Twn 25 ✓ Rng 5W  
SW SE Direction Nearest Town  
314 Miles W of Byhalia

### Well / Borehole Data

Date drilling started: 11-8-11 Date drilling completed: 11-8-11 Hole depth: 150 Hole diameter: 63/4

Location of the source of any surface water used for drilling: NA  
Method of dosing and volume of Chlorine used in drilling and development: NA

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) NA

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 11-8-11

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 140 feet to 150 feet

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

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

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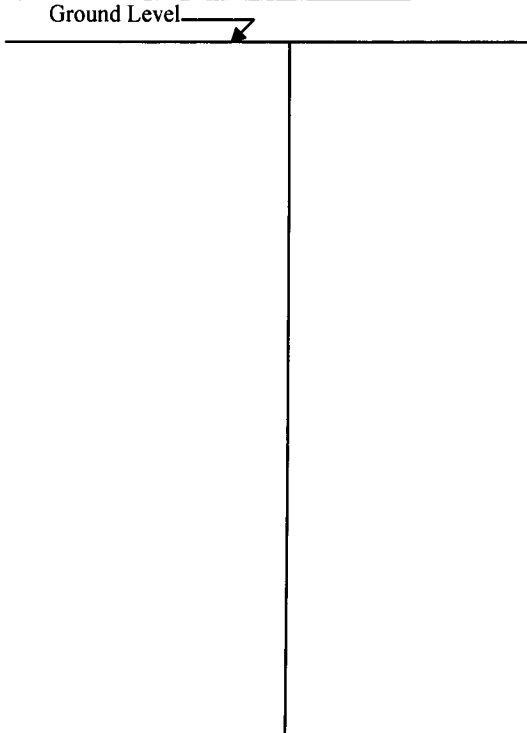
DEC 12 2011

BY: OLWR

The sketch below only required for water wells

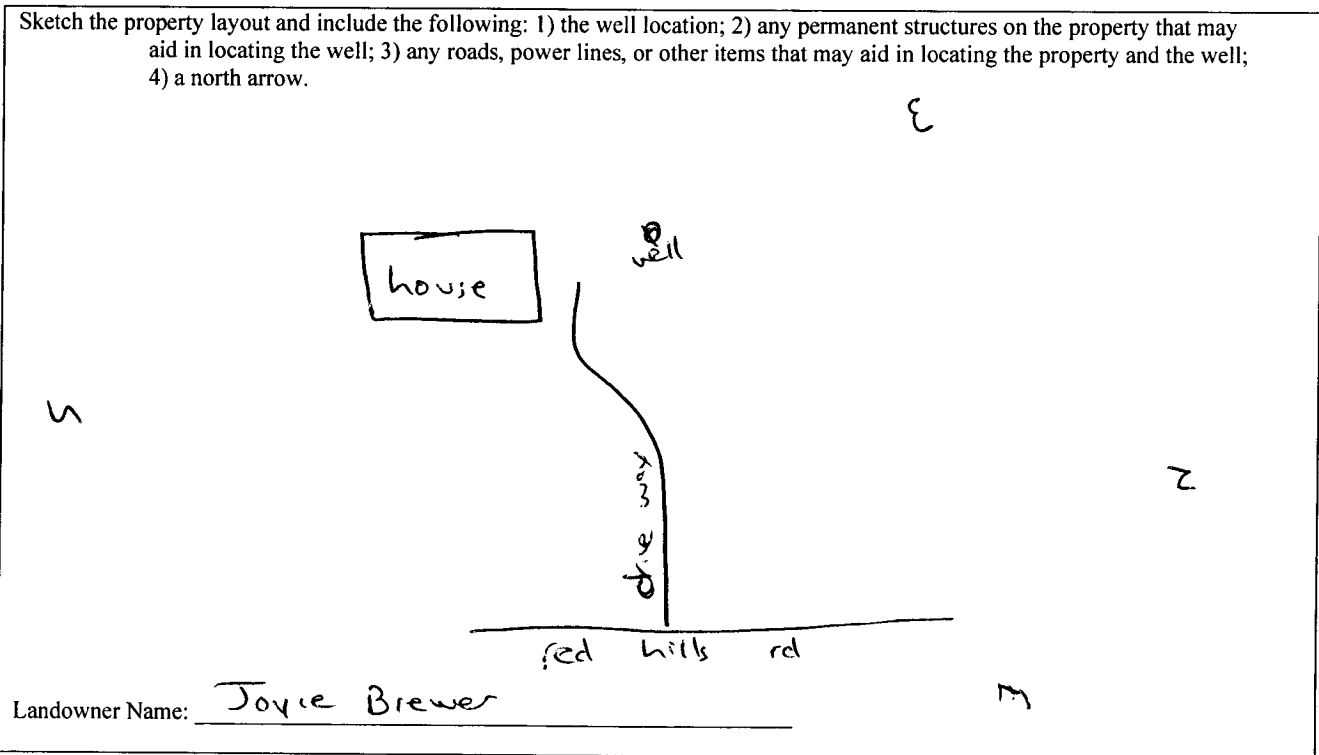
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay dirt	Ground Level	10
red sand	10	30
white sand.	30	150

If more than one screen, show location of each on sketch



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.

James W. Mason 0-620      12-6-11  
Print Name of Responsible Licensee and License No.      Date

James W. Mason  
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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D139  
 Elevation: \_\_\_\_\_

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date completed: 11-8-11  
*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>Joyce Brewer</u>	Latitude: <u>34.51.739</u> Longitude: <u>89.42.844</u>
Mailing Address: <u>147 red hills rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Byhalia MS 38611</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 34 T 25 R 5W</u>
Telephone No. <u>(901) 282-6142</u>	Distance Direction Nearest Town
	<u>3/4 Miles W of Byhalia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-8-11</u>	Setting Depth: <u>100</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>11-8-11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>78</u> Feet Below Land Surface	Other (specify): <u>string / weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</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>NA</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)

Jones W. Mason  
 Signature of Pump Installer

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Form: OLWR-SWR-1B (04/08) 2011

BY: OLWR