

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)

County: Marshall
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 8-5-06

For Office Use Only:

Aquifer: _____
 Well #: E-154
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location						
Owner Name: <u>Lisa Hardaway</u>	Latitude: <u>34° 53' 00"</u> Longitude: <u>89° 37' 53"</u>						
Mailing Address: <u>216 Williams rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Byholia</u></td> <td style="width: 33%;"><u>MS</u></td> <td style="width: 33%;"><u>38611</u></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	<u>Byholia</u>	<u>MS</u>	<u>38611</u>	City	State	Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Byholia</u>	<u>MS</u>	<u>38611</u>					
City	State	Zip Code					
Telephone No. <u>(601) 838-7564</u>	<table border="0" style="width: 100%;"> <tr> <td><u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>28</u> Twn <u>25</u> Rng <u>4W</u></td> </tr> <tr> <td>Distance <u>2 1/2</u> Miles <u>NW</u> of <u>Victoria</u></td> </tr> </table>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>28</u> Twn <u>25</u> Rng <u>4W</u>	Distance <u>2 1/2</u> Miles <u>NW</u> of <u>Victoria</u>				
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Distance <u>2 1/2</u> Miles <u>NW</u> of <u>Victoria</u>							

Well / Borehole Data

Date drilling started: 8-5-06 Date drilling completed: 8-5-06 Hole depth: 155' Hole diameter: 6 3/4"

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) _____

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: 90 feet above or below (circle one) land surface Date measured: 8-14-06

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

Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 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 145 feet to 155 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: NA feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A
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 BY: OLWR

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)

For Office Use Only:

Aquifer: _____
Well #: E-154
Elevation: _____

County: Marshall
Permit #: _____
Driller: Jones W. Mason
Date completed: 8-14-06

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Lisa Hardaway</u>	Latitude: <u>34-53-00</u> Longitude: <u>89-37-536</u> <u>00</u> <u>32</u>
Mailing Address: <u>216 Williams rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Byhalie MS 38611</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 28 Twn 2S Rng 4W</u>
Telephone No. <u>(662) 838-7564</u>	Distance Direction Nearest Town <u>2 1/2 Miles NW of Victoria</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-14-06</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-14-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</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
Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
Signature of Pump Installer