

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: 9-19-06

For Office Use Only:
Aquifer: _____
Well #: E-158
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>Bobby Stagner</u>	Latitude: <u>N34°52'517"</u> Longitude: <u>W 089°36'801"</u>
Mailing Address: <u>3229 Macre rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>31</u> <u>48</u>
<u>Byhalia</u> MS <u>38611</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>34</u> Twn <u>25</u> Rng <u>4W</u>
Telephone No. <u>(901) 486-4972</u>	Distance <u>2</u> Miles <u>NE</u> of <u>Victoria</u>
Well / Borehole Data	
Date drilling started: <u>9-19-06</u> Date drilling completed: <u>9-19-06</u> Hole depth: <u>155'</u> Hole diameter: <u>63/4</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>75</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-20-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>string (weight)</u>	
Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>145</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>145</u> feet to <u>155</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>NA</u>	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on next page	

Form: OLWR SWR 1A

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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 #: _____
 Driller: James W. Mason
 Date completed: 9-20-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-158
 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>Bobby Stagner</u>	Latitude: <u>N34°52'51.7"</u> Longitude: <u>W089°36'48.1"</u>
Mailing Address: <u>3229 Moore rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byholia</u> <u>MS</u> <u>38611</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 34 T 2S R 4W</u>
Telephone No. <u>(901) 486-4972</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Victoria</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <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>9-20-06</u>	Setting Depth: <u>100</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>9-20-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</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 <u>NA</u> feet after <u>24</u> hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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.

James W. Mason 0-620
 Print Name of Pump Installer and License No. (if applicable)

James W. Mason
 Signature of Pump Installer

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