

# 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 #: H-225  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marshall  
Permit #: \_\_\_\_\_  
Driller: James W. Masu  
Date drilling completed: 9-8-05

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<br>(Landowner if borehole is not for a water well)  |   | Well or Borehole Location     |                          |
|---|---|-------------------------------|--------------------------|
| Owner Name: <u>Paul Marshall</u>  | Latitude: <u>34.49.126</u> "                                    | Longitude: <u>89.40.921</u> " |                          |
| Mailing Address: <u>LOT 78</u>  | Method of Lat/Long (circle one): Conventional Survey, <u>11</u> |                               |                          |
| <u>Moses Plantation</u>   | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS              |                               |                          |
| <u>Byhalia MS 38611</u>   | <u>SE 1/4 SE 1/4</u> Sec <u>13</u> Twp <u>35</u> Rng <u>5W</u>  |                               |                          |
| City State Zip Code   | Distance <u>SW</u>  | Direction                     | Nearest Town             |
| Telephone No. <u>901-383-0897</u>   | <u>1/2</u> Miles  | <u>S</u> of                   | <u>Warsaw</u>            |
| Well / Borehole Data  |   |                               |                          |
| Date drilling started: <u>9-8-05</u>  | Date drilling completed: <u>9-8-05</u>                          | Hole depth: <u>110'</u>       | Hole diameter: <u>8"</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 _____ Ground Source Heat Pump _____   |   |                               |                          |
| Seismic Survey _____ Other (describe) _____   |   |                               |                          |
| <b>If drilling is not related to water well construction, skip the remainder of this block</b>  |   |                               |                          |
| Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ |   |                               |                          |
| If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____  |   |                               |                          |
| Static Water Level: <u>45</u> feet above or below (circle one) land surface Date measured: <u>9-8-05</u>  |   |                               |                          |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>String / weight</u>  |   |                               |                          |
| Well depth: <u>110</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>100</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>100</u> feet to <u>110</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. <i>If telescoped or more than one screen, describe on next page</i>                                 |   |                               |                          |

Form: OLWR-SWR-1A

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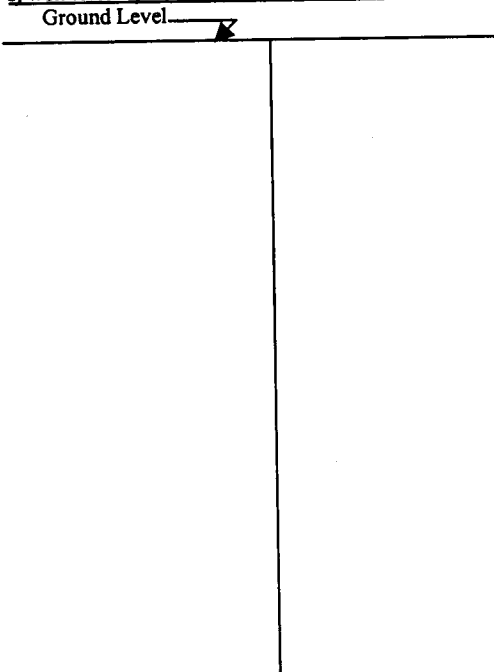
OCT 11 2005

BY: OLWR

H-225

The sketch below only required for water wells

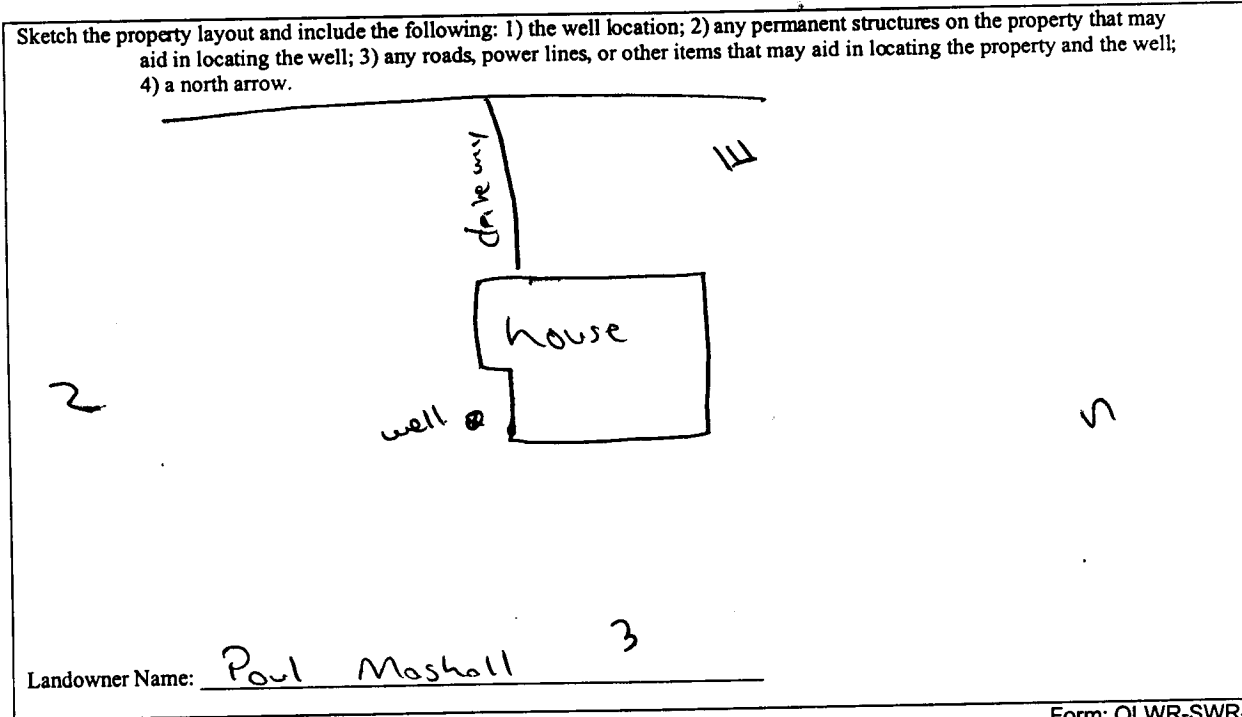
If well telescopes, show depths on sketch.



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 | 30         |
| white sand                            | 30           | 40         |
| white clay                            | 40           | 45         |
| white sand                            | 45           | 110        |
|                                       |              |            |
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|                                       |              |            |

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



Form: OLWR-SWR-1A

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. Massey 0-620    10-3-05    James W. Massey  
Print Name of Responsible Licensee and License No.    Date    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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H-225  
Elevation: \_\_\_\_\_

County: Marshall  
Permit #: \_\_\_\_\_  
Driller: Jones w. Mason  
Date completed: 9-9-05

**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>Paul Marshall</u>                           | Latitude: <u>34.49.176</u> Longitude: <u>89.40.921</u>  |
| Mailing Address: <u>LOT 78</u><br><u>Mosses plantation</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Byhalia</u> MS <u>38611</u><br>City State Zip Code      | <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>13</u> Twn <u>35</u> Rng <u>5w</u>   |
| Telephone No. <u>(901) 383-0897</u>                        | Distance Direction Nearest Town<br><u>1.2</u> Miles <u>S</u> of <u>Worsow</u>                               |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| 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>9-9-05</u>  | Setting Depth: <u>70</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<br>Circle one           |
|--|---|
| Date Well Tested: <u>9-9-05</u>                            | Air Line Electric Measuring Line Steel Tape             |
| Static Water Level (A): <u>45</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

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