

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: H333
Aquifer: _____
E-Log #: _____

County: MA/SHALL
Permit #: _____
Driller: Jones w/ Mason
Date drilling completed: 9-18-14

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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Julion Garcia
Mailing Address: 70 Ashley dr
Byhalia MS 38611
City State Zip Code
Telephone No. (901) 497-6132

Well or Borehole Location

Latitude: 34°41'22.23N Longitude: 89°40'37.80W
Method of Lat/Long (check one): Conventional Survey _____,
USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SW 1/4 SE 1/4, Sec 25 T 35 R 5W
1/2 Miles NE of Watson
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9-18-14 Date drilling completed: 9-18-14 Hole depth: 155 Hole diameter: 6 3/4
Location of the source of any surface water used for drilling: N/A
Method of dosing and volume of Chlorine used in drilling and development: 5 ppm and greater
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): N/A
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) N/A

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): N/A
If a flowing well, method of flow regulation: Valve Other (describe) _____
Static Water Level: 66 feet [above or below] land surface Date measured: 9-18-14
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 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 Open hole Natural completion
Other (describe): N/A

RECEIVED
OCT 20 2014
BY OLWR

Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: 11373
Aquifer: _____

County: Marshall
Permit #: _____
Driller: Jones W. Mason
Date completed: 9-18-14
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>Julian Garcia</u>			Latitude: <u>34°47'22.23N</u> Longitude: <u>89°40'37.80W</u>		
Mailing Address: <u>70 Ashley drive</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>ByLalia</u> City	<u>MS</u> State	<u>38611</u> Zip Code	<u>SW 1/4 SE 1/4, Sec 25 T 35 R 5W</u>		
Telephone No. (901) <u>497-6132</u>			<u>1/2</u> Miles <u>NE</u> of <u>Watson</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 9-18-14 Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 3/4 Setting Depth: 90 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
Date Well Tested: 9-18-14 Duration of Pump Test (minimum 4 hours): 24 hours
Static Water Level (A): 66 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): string/weight

Pump Test Data for Flowing Well
Measured shut in head: N/A feet.
Well yielded 10 GPM with a drawdown of N/A feet after 24 hours of pumping

Meter Installation
Meter Manufacturer: N/A Meter Serial Number: N/A
Meter Model Number/Name: N/A Type of Meter: N/A
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A
Installation Date: N/A Meter installed by: N/A
Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Mason 0-620 10-16-14 Jones W. Mason
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer