

State Well Report

Part 1

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 #: J-186
L. S. Elevation: _____
E-log #: _____

County: Marshall 093
Permit #: _____
Driller: James W. Mason
Date drilling completed: 8-4-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Thomas Schoffner</u>	Latitude: <u>34° 47' 40"</u> Longitude: <u>89° 36' 55"</u>
Mailing Address: <u>Lot 22 Sunset. Cove</u> <u>Southcrest.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Byhalia</u> <u>MS</u> <u>38611</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>27</u> Twn <u>35</u> Rng <u>4W</u>
Telephone No. <u>(901) 262-1411</u>	Distance <u>5E</u> Direction <u>E</u> Nearest Town <u>Watson Corner</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 8-4-04 Date well drilling completed: 8-4-04

If flowing, method of flow regulation: Valve ✓ Other (describe) NONE

Static Water Level: 58' feet above or below (circle one) land surface Date measured: 8-4-04

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

Hole depth: 95' Well depth: 95' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 85 feet to 95 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

James W. Mason 0-620
Print Name of Water Well Contractor and License No.

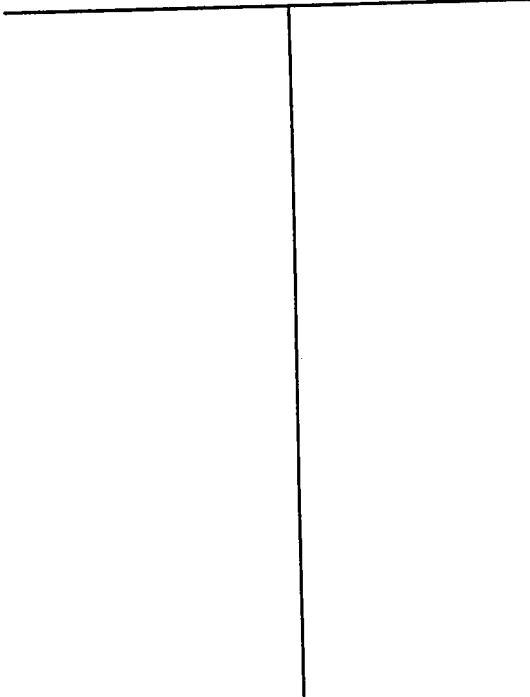
James W. Mason
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

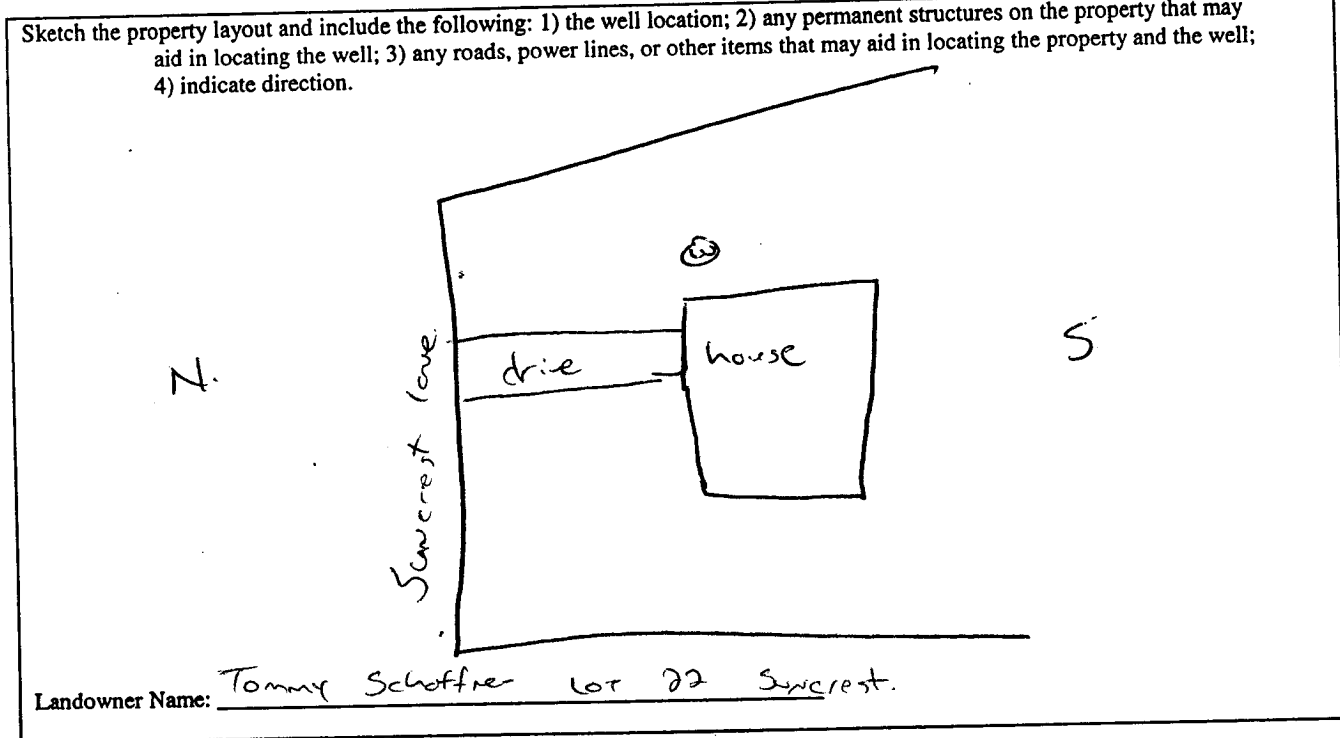
J-186

Ground Level



Description of Formations Encountered	From	To
Clay dirt.	0	20
white clay	20	28
white sand	28	95

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



James W. Mason
Signature of Water Well Contractor

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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 #: J-186

Elevation: _____

County: Marshall
Permit #: _____
Driller: James W. Mason
Date completed: 8-4-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Tommy Schoffner</u>	Latitude: <u>34.47.469</u> Longitude: <u>089.36.595</u>
Mailing Address: <u>LOT 27 Suncrest Cove</u> <u>South creek subdivision</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS
<u>Byhalia</u> <u>ms</u> <u>38611</u>	<u>NE 1/4 SW 1/4 Sec 27</u> Twn <u>3S</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 262-1411</u>	<u>3.14</u> Miles <u>E</u> of <u>Watson Corner</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-4-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	<u>Pump</u> - Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-4-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>58</u> Feet Below Land Surface	Other (specify): <u>String and 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 _____ GPM with a drawdown of _____ 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
Print Name of Pump Installer and License No. (if applicable)

James W. Mason
Signature of Pump Installer

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BY: OLWR