

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: J 332
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Marshall
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 10-10-11

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>Rita Swager</u>	Latitude: <u>34° 49' 56"</u> Longitude: <u>89° 40' 16"</u>
Mailing Address: <u>166 Sandidge</u>	Method of Lat/Long (circle one): Conventional Survey, <u>34</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>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>18</u> TwN <u>3S</u> Rng <u>4W</u>
Telephone No. <u>(901) 827-8955</u>	Distance Direction Nearest Town
	<u>314</u> Miles <u>SE</u> of <u>Warsaw</u>

Well / Borehole Data

Date drilling started: 10-10-11 Date drilling completed: 10-10-11 Hole depth: 170 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) NA

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: 75 feet above or below (circle one) land surface Date measured: 10-11-11

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

Well depth: 170 Well grouted to a depth of ___ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 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 160 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): NA

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 (04/08)

RECEIVED

NOV 09 2011

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: J332
 Elevation: _____

County: Marshall
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 10-11-11
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>Rita Swonger</u>	Latitude: <u>34.49.567</u> Longitude: <u>89.40.116</u>
Mailing Address: <u>166 sondidge</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byhalia</u> MS <u>38611</u>	<u>SW</u> ¼ <u>NW</u> ¼ Sec <u>18</u> T <u>3S</u> R <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 827-8955</u>	<u>3/4</u> Miles <u>SE</u> of <u>Worsow</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <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>10-11-11</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-11-11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>25</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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 0-620
 Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

RECEIVED
 NOV 09 2011
 BY: OLWR