

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)

County: Marshall
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 8-19-10

For Office Use Only:
Aquifer: M87
Well #: _____
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>William Davis</u>	Latitude: <u>34° 42' 48" N</u> Longitude: <u>89° 42' 48" W</u>
Mailing Address: <u>1873 wall hill rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS
<u>Byhalia</u> <u>MS</u> <u>38611</u>	USGS quad: <u>NE 1/4 NW 1/4 Sec 27 Twn 45 Rng 5W</u>
City State Zip Code	Distance: <u>1/2</u> Miles Direction: <u>W</u> of Nearest Town: <u>Wall Hill</u>
Telephone No. <u>(662) 292-1840</u>	

Well / Borehole Data

Date drilling started: 8-19-10 Date drilling completed: 8-19-10 Hole depth: 130 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 _____ Other (describe) _____

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 8-20-10

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 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 120 feet to 130 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)

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

For Office Use Only:

Aquifer: M87
Well #: _____
Elevation: _____

County: Marshall

Permit #: _____

Driller: Jones W. Moson

Date completed: 8-20-10

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>William Davis</u>	Latitude: <u>34.42.836</u> Longitude: <u>89.42.808</u>
Mailing Address: <u>1873 wall hill rd.</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>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>27</u> T <u>45</u> R <u>5w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662</u>) <u>292-1840</u>	<u>1/2</u> Miles <u>W</u> of <u>wall hill</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 Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>314</u>
Date Pump Installed: <u>8-20-10</u>	Setting Depth: <u>100</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>8-20-10</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>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. Moson 0-620
Print Name of Pump Installer and License No. (if applicable)

Jones W. Moson
Signature of Pump Installer

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

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