

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 #: Ø-45
L. S. Elevation: _____
E-log #: _____

County: Marshall
Permit #: _____
Driller: Jones w. Mason
Date drilling completed: 8-13-04

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>John Jewell</u>	Latitude: <u>34.46.319</u>	Longitude: <u>89.28.303</u>	<u>18</u>
Mailing Address: <u>862 old heraldo rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>18</u>		
<u>Holly Springs Ms. 38635</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>1</u> Twn <u>45</u> Rng <u>3w</u>		
Telephone No. <u>(602) 252-6377</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>W</u> of <u>Holly Springs city limits.</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>8-13-04</u>		Date well drilling completed: <u>8-13-04</u>	
If flowing, method of flow regulation: Valve <u>None</u> Other (describe) _____			
Static Water Level: <u>150</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>8-14-04</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String and weight</u>			
Hole depth: <u>215</u>	Well depth: <u>215</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	RECEIVED		
Casing length: <u>195</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>pvc</u>	SEP 15 2004
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>pvc</u>	BY: OLWR
Screen slot size: <u>.010</u> inches	Setting depth: From <u>195</u> feet to <u>215</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No log run</u> 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.			
<u>Jones w. Mason 0-620</u>		<u>Jones w. Mason</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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 #: Ø-45

Elevation: _____

County: Marshall
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 8-14-04

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>John Jewell</u>	Latitude: <u>34-46.319</u> Longitude: <u>89-28.303</u>
Mailing Address: <u>862 old hernando rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Holly Springs MS 38635</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>1</u> Twn <u>45</u> Rng <u>3w</u>
Telephone No. <u>252 252-6377</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>W</u> of <u>Holly Springs city limits</u>

Pump Type Circle one	Power Type 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>1 hp</u>
Date Pump Installed: <u>8-14-04</u>	Setting Depth: <u>160'</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-14-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>150</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 <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	

BY: OLWR

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