

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 #: 067
Aquifer: _____
E-Log #: _____

County: Marshall
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 2-25-17

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)			Well or Borehole Location		
Owner Name: <u>Pathy Baker</u>			Latitude: <u>34° 45' 01.61" N</u> Longitude: <u>89° 31' 01.84" W</u>		
Mailing Address: <u>1809 Marianna rd.</u>			Method of Lat/Long (check one): Conventional Survey _____,		
<u>Holly Springs</u> MS <u>38635</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code			<u>NW</u> <input checked="" type="checkbox"/> <u>SE</u> <input checked="" type="checkbox"/> <u>SW</u> <input checked="" type="checkbox"/> <u>NE</u> <input checked="" type="checkbox"/> <u>T</u> <u>45</u> <u>R</u> <u>305</u>		
Telephone No. <u>(662) 544-0103</u>			<u>4 1/2</u> Miles <u>NE</u> of <u>Marianna</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 2-25-17 Date drilling completed: 2-25-17 Hole depth: 200' Hole diameter: 7"

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: 50ppm 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) _____

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): _____

If a flowing well, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 90 feet [above or below land surface] (circle one) Date measured: 2-25-17

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): string/weight

Well depth: 200 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 180 feet to 200 feet

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

Other (describe): N/A

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

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

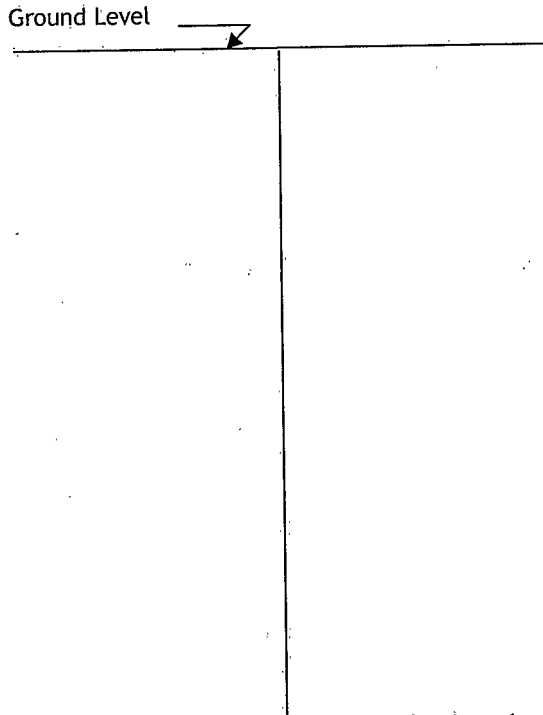
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BY OLWR

County: _____
 Permit #: _____

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 Well #: Ø 67

The sketch below only required for water wells

If well telescopes, show depths on sketch.



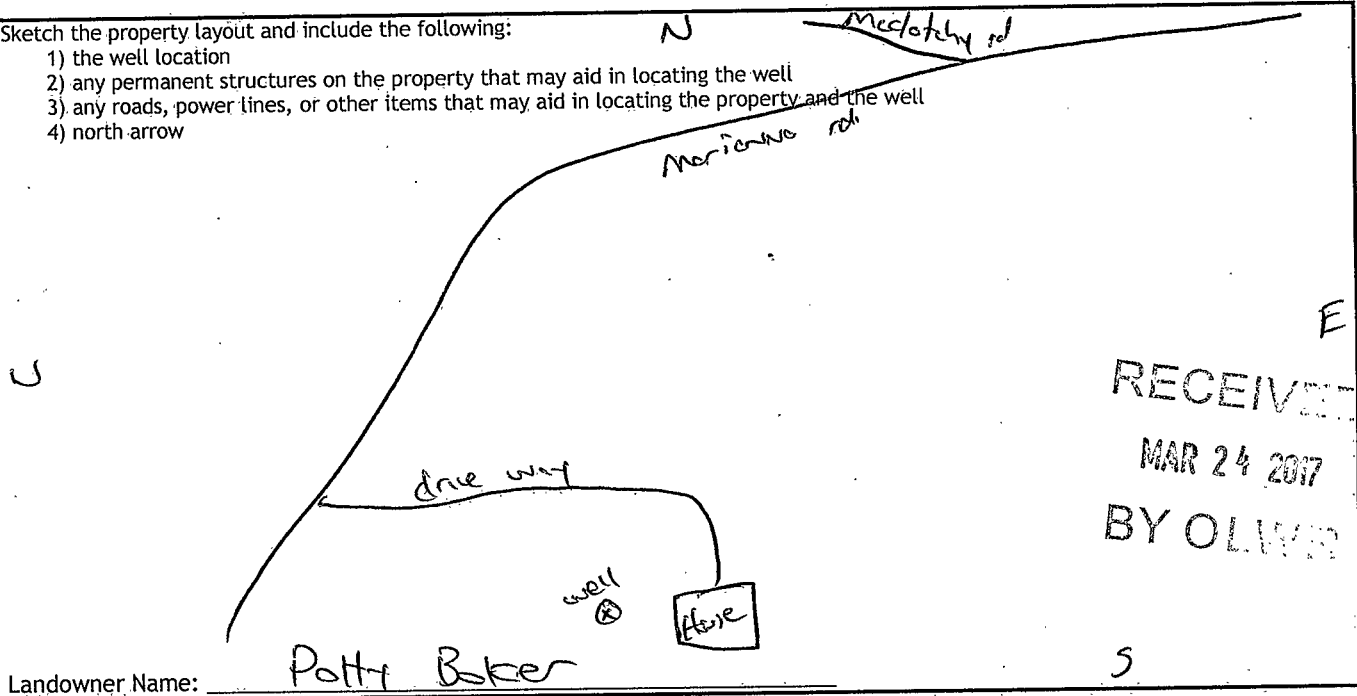
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay dirt	Ground level	25
Red sand.	25	40
white sand.	40	100
white clay	100	110
white sand.	110	130
white clay	130	140
white sand	140	180
white clay	180	185
white sand.	185	200

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

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: Patty Baker

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

James W. Mason 0-620
 Print Name of Responsible Licensee and License No.

3-21-17.
 Date

James W. Mason
 Signature of Licensee

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 #: Ø 67

Aquifer: _____

County: Marshall

Permit #: _____

Driller: Jones W. Mason

Date completed: 2-25-17

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>Patty Baker</u>	Latitude: <u>34° 45' 01.61" N</u> Longitude: <u>89° 31' 01.84" W</u>
Mailing Address: <u>1809 Marianne rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Holly Springs</u> <u>ms.</u> <u>38635</u>	NW ¼ SE ¼, Sec: <u>9</u> T <u>45</u> R <u>3W</u>
City State Zip Code	<u>4 1/2</u> Miles <u>NE</u> of <u>Marianne</u>
Telephone No. <u>(662) 544-0103</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 2-25-17 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: 1hp Setting Depth: 120 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 2-25-17 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 90 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

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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 3-21-17 Jones W. Mason

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer