

# 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: 12-1-09

For Office Use Only:

Aquifer: S 58  
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>Freedom Homes</u>	Latitude: <u>34.39 262</u> Longitude: <u>89.33238</u>
Mailing Address: <u>3595 Hwy 4 west</u>	Method of Lat/Long (circle one): Conventional Survey, <u>14</u>
<u>Holly Springs MS 38635</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 7 Twn 300 Rng 5W</u>
Telephone No. <u>(662) 289-3181</u>	Distance Direction Nearest Town <u>1.2 Miles N of Galena</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>12-1-09</u> Date drilling completed: <u>12-1-09</u> Hole depth: <u>280</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) <u>NA</u>	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve <input checked="" type="checkbox"/> Other (describe) _____	
Static Water Level: <u>189</u> feet above <u>below</u> (circle one) land surface Date measured: <u>12-2-09</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String level</u>	
Well depth: <u>280</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>260</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>1010</u> inches Setting depth: From <u>260</u> feet to <u>280</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>NA</u>	
Top of lap pipe or reduction in casing: <u>NA</u> feet. <b>If telescoped or more than one screen, describe on next page</b>	

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

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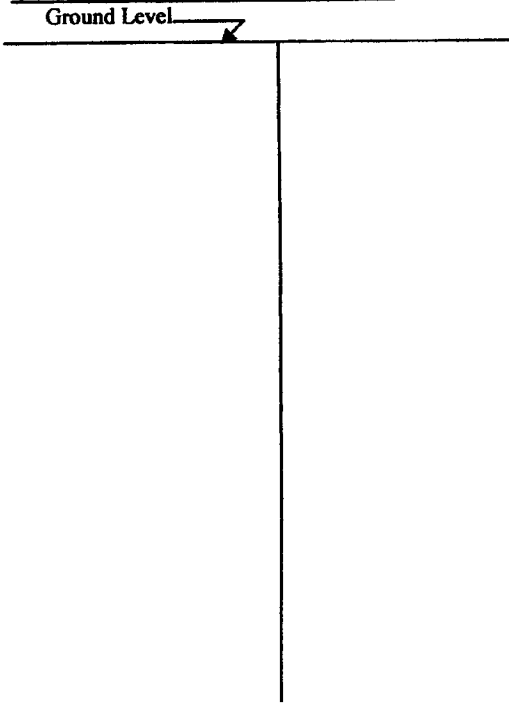
BY: OLWR

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**The sketch below only required for water wells**

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

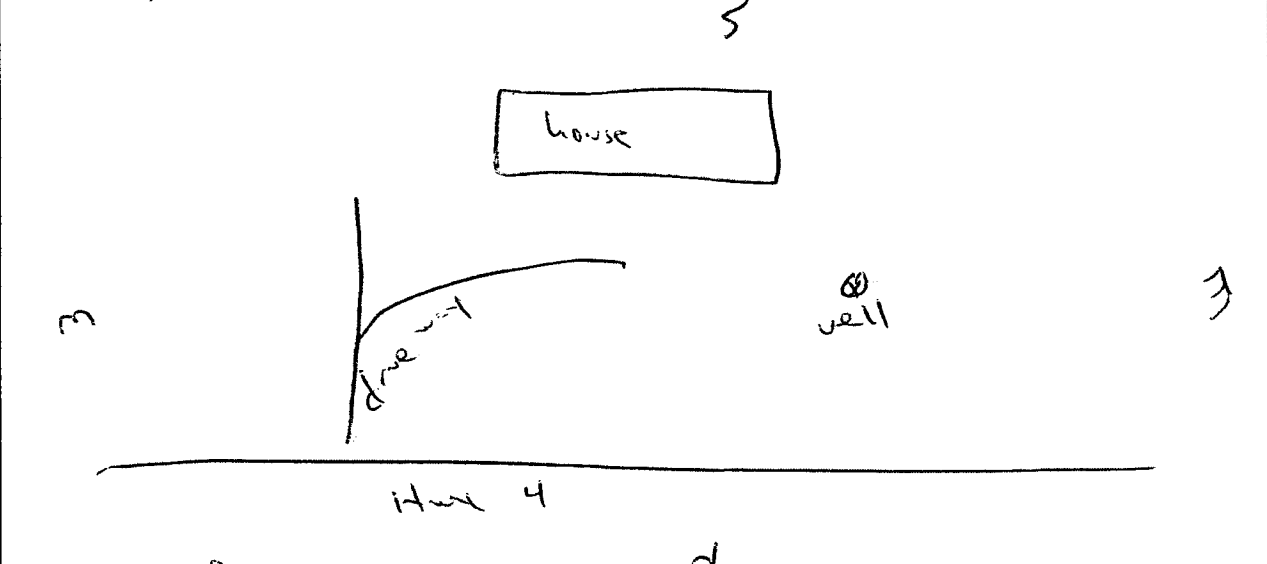
**If well telescopes, show depths on sketch.**



Description of Formations Encountered	From (depth)	To (depth)
red sand	Ground Level	30
white sand	30	200
white clay	200	240
white sand	240	280

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) a north arrow.



Landowner Name: Freedom Homes

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

I 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.

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

12-28-09  
Date

John W. Mason  
Signature of Licensee

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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: S 58  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Joel W. Mason  
 Date completed: 12-2-09  
*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>Freedom Homes</u>	Latitude: <u>34-39.762</u> Longitude: <u>84-33.232</u>
Mailing Address: <u>3555 Hwy 4 west</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Holly Springs MS 38635</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 7 T 3w R 5w</u>
Telephone No. <u>(662) 287-3181</u>	Distance Direction Nearest Town
	<u>.12 Miles N of Galena</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): <u>NA</u>	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>12-1-09</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-2-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>189</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.

Joel W. Mason 0-620  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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

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