

# 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 #: B234  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tate  
Permit #: \_\_\_\_\_  
Driller: Jones W. Mason  
Date drilling completed: 3-22-18

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Brent Barton</u>	Latitude: <u>34°41'40.25"N</u> Longitude: <u>89°55'03.14"W</u>
Mailing Address: <u>100 Oak Meadow Cv.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Coldwater</u> City <u>MS</u> State <u>38618</u> Zip Code	<u>NE SE</u> 1/4 <u>NE</u> 1/4, Sec <u>34</u> T <u>26S</u> R <u>4S</u>
Telephone No. <u>(901) 461-5483</u>	<u>2 1/2</u> Miles <u>W</u> of <u>Antioch</u> (Distance) (Direction) (Nearest Town)

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Well / Borehole Data
Date drilling started: <u>3-22-18</u> Date drilling completed: <u>3-22-18</u> Hole depth: <u>140'</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>50 ppm and greater</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron    Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey    Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>N/A</u>
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____
Static Water Level: <u>75</u> feet [above or <input checked="" type="checkbox"/> below] land surface    Date measured: <u>3-22-18</u> (circle one)
Method of measurement (circle one): Steel tape    Electric tape    Air line    Other (describe): <u>String/weight</u>
Well depth: <u>140</u> Well grouted to a depth of: <u>50</u> feet    Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite    Mix
Casing length: <u>130</u> feet    Casing diameter: <u>4</u> inches    Type of casing: <u>pvc</u>
Screen length: <u>10</u> feet    Screen diameter: <u>4</u> inches    Type of screen: <u>pvc</u>
Screen slot size: <u>0.010</u> inches    Setting depth: From <u>130</u> feet to <u>140</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): <u>N/A</u>
Top of lap pipe or reduction in casing: <u>N/A</u> feet

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

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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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: B23A  
 Aquifer: \_\_\_\_\_

County: Tate  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date completed: 3-22-18  
*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>Brent Barton</u>	Latitude: <u>34°41'40.25"N</u> Longitude: <u>89°55'03.14"W</u>
Mailing Address: <u>100 Oak Meadow Ct.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Coldwater</u> <u>MS</u> <u>38618</u>	<u>NE SE 1/4 NE 1/4, Sec 34 T. 20S R. 4E</u> <span style="float: right;">7W</span>
City State Zip Code	<u>2.12</u> Miles <u>W</u> of <u>Antioch</u>
Telephone No. ( <u>901</u> ) <u>461-5483</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 3-22-18 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: 3/4 Setting Depth: 100 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3-22-18 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 75 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 level

**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

*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 4-19-18 Jones W. Mason  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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