

139

# 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 #: 2393  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tate  
Permit #: \_\_\_\_\_  
Driller: James W. Mason  
Date drilling completed: 4-10-15

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Melissa Olvera</u>		Latitude: <u>34°46'03.05N</u> Longitude: <u>89°52'21.97 W</u>	
Mailing Address: <u>95 cottonball circle</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>SW 1/4 NE 1/4, Sec 6 T 4s R 6w</u> 1 3/4 Miles <u>NW</u> of <u>gingerhill</u> (Distance) (Direction) (Nearest Town)	<u>38618</u> Zip Code
Telephone No. <u>(662) 812-4071</u>			

**Well / Borehole Data**

Date drilling started: 4-10-15 Date drilling completed: 4-10-15 Hole depth: 140' 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: 5 ppm and greater

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 (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): NA

If a flowing well, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 75 feet [above or below (circle one) land surface Date measured: 4-12-15

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

Well depth: 140 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 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 130 feet to 140

Type of completion (circle all applicable): Gravel packed Underreamed 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*

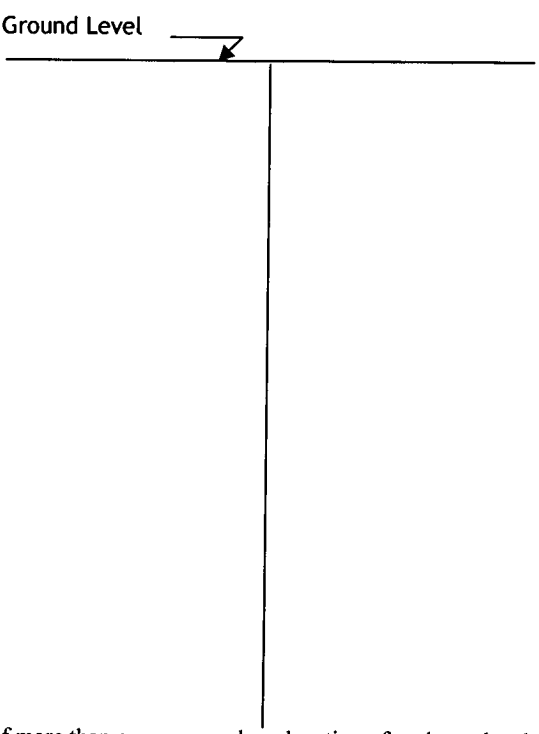
**RECEIVED**  
MAY 11 2015  
**BY: OLWR**

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 0393

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

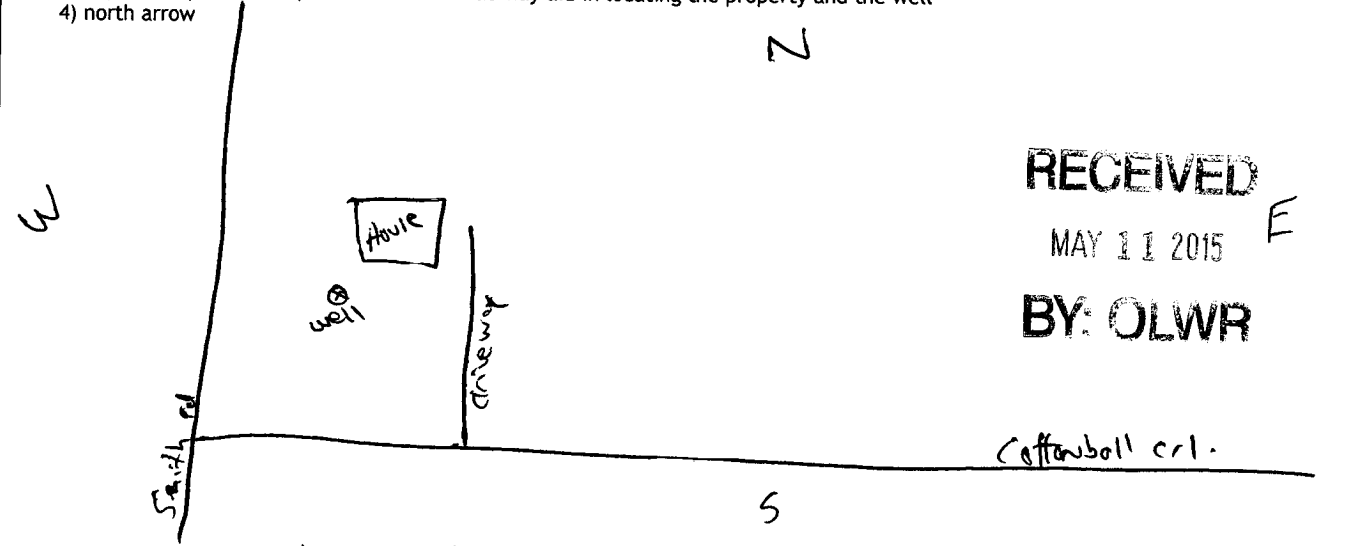


Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground level	10
Gravel	10	50
white clay	50	80
white sand	80	140

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



**RECEIVED**  
 MAY 11 2015  
**BY: OLWR**

Landowner Name: Melissa Olvera

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.

Jones W. Mason 0620      5-8-15      Jones W. Mason  
 Print Name of Responsible Licensee and License No.      Date      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 #: C 393  
Aquifer: \_\_\_\_\_

County: Tate  
Permit #: \_\_\_\_\_  
Driller: James W. Mason  
Date completed: 4-12-15  
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>Melissa Olvera</u>	Latitude: <u>34°46'03.05" N</u> Longitude: <u>89°52'21.97" W</u>
Mailing Address: <u>95 Cottonball Circle</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>S 00 1/4 NE 1/4, Sec 6 T 4S R 6W</u>
Telephone No. <u>(662) 812-4071</u>	<u>13/4</u> Miles <u>NW</u> of <u>Singerhill</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-12-15      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: 4-12-15      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 weight

**Pump Test Data for Flowing Well**

Measured shut in head: 514 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. RECEIVED

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

James W. Mason 0-620      5-8-15      James W. Mason  
Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer