

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)

For Office Use Only:

Aquifer: E 6S
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Yalobusha
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 9-14-09

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>Robert Horden</u>	Latitude: <u>34° 19' 27"</u>	Longitude: <u>89° 53' 58"</u>	
Mailing Address: <u>6090 CR 216</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>		
<u>Oakland MS 38948</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>4E</u>		
City State Zip Code	NW 1/4 SW 1/4 Sec <u>429</u> Twn <u>25N</u> Rng <u>6W</u>		
Telephone No. <u>(662) 623-7057</u>	Distance <u>4.12</u> Miles	Direction <u>E</u>	Nearest Town <u>Oakland</u>
Well / Borehole Data			
Date drilling started: <u>9-14-09</u>	Date drilling completed: <u>9-14-09</u>	Hole depth: <u>305</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) _____			
If drilling is not related to water well construction, skip the remainder of this block			
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 <u>NA</u> Other (describe) _____			
Static Water Level: <u>105</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-18-09</u>			
Method of Measurement (circle one) steel tape electric tape air line other: <u>string/weight</u>			
Well depth: <u>305</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>295</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>.010</u> inches Setting depth: From <u>295</u> feet to <u>305</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: _____ feet. If telescoped or more than one screen, describe on next page			

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

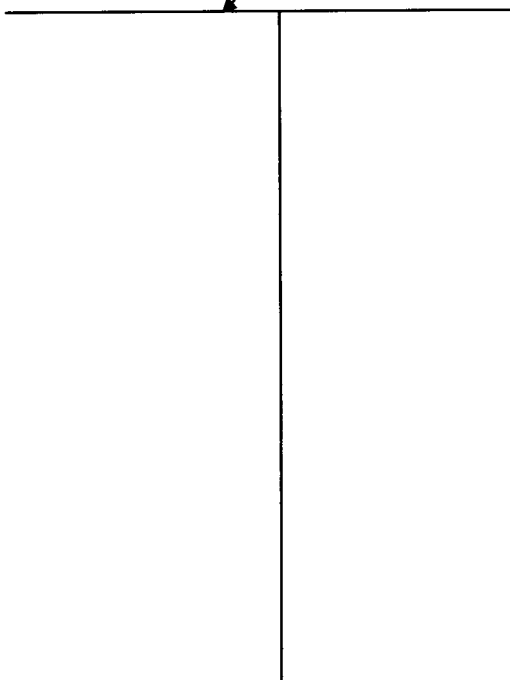
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EGS

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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	30
white sand	30	35
red sand	35	60
Black clay	60	90
Rock	90	93
Black clay	93	150
Rock	150	151
Black clay	151	190
Rock	190	191
gray sand	191	193
Rock	193	194
Black clay	194	205
gray sand	205	210
Black clay	210	260
Rock	260	261
Black clay	261	292
gray sand	292	305

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: Robert Horden

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.

Jones W. Moore 0-620 10-9-09

Print Name of Responsible Licensee and License No.

Date

Jones W. Moore

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)

County: Jalobusha
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 9-18-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: ECS
 Well #: _____
 Elevation: _____

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>Robert Harden</u>	Latitude: <u>34.19.225</u> Longitude: <u>89.58.843</u>
Mailing Address: <u>6090 CR 216</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Oakland</u> <u>MS</u> <u>38948</u> City State Zip Code	<u>NW 1/4 SW 1/4 Sec 1 T25N R 6W</u>
Telephone No. <u>(662) 623-7057</u>	Distance Direction Nearest Town <u>4 1/2</u> Miles <u>E</u> of <u>Oakland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-18-09</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-18-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>105</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.

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

Form: OLWR-SWR-1B (07/08) **RECEIVED**

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