

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: F-127 033
 L. S. Elevation: _____
 E-log #: _____

County: DESOUD
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 8-20-04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>ODIS POWERS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2851 AUSTIN RD. HERNANDO MS. 38632</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>I-15</u> Twn <u>T25</u> Rng <u>R8W</u> |
| Telephone No. <u>(901) 485-1326</u> | Distance: <u>3</u> Miles Direction: <u>NW</u> of Nearest Town: <u>NESBIT</u> |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 8-20-04 Date well drilling completed: 8-20-04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 8-20-04

Method of Measurement (circle one): steel tape electric tape air line other: _____

Hole depth: 205 Well depth: _____ Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/47005 inches Setting depth: From 195 feet to 205 feet

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

Other (describe): WASHED SAND

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

ROBERT C SMITH 0645
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: P-127

Elevation: _____

County: DESOUD

Permit #: _____

Driller: BOB SMITH

Date completed: 8-20-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>ODIS POWERS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2851</u> <u>AUSTIN RD</u> <u>HEMLOCK MS. 38630</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>I-15</u> Twn <u>T2-S</u> Rng <u>R8W</u> |
| Telephone No. <u>(901) 485-1326</u> | Distance: _____ Direction: _____ Nearest Town: _____ |
| | <u>3</u> Miles <u>NW</u> of <u>NESBIT</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: <input type="checkbox"/> 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: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>8-20-04</u> | Setting Depth: <u>160</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>12</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>8-20-04</u> | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>135</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>141</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface | Well yielded <u>13</u> GPM with a drawdown of |
| Test Pumping Rate: <u>13</u> Gallons Per Minute | <u>6</u> feet after <u>5</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>5</u> hours | |

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

ROBERT C SMITH 0645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer