

# 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-133  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Desoto 033  
Permit #: \_\_\_\_\_  
Driller: Wilson Well Co.  
Date drilling completed: 5-4-05

*Wilson Well Company, Inc*

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>Patton &amp; Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 38409</u> <u>7960 Wolf River Blvd.</u> <u>Germantown TN 38183</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(901) 754-2211</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>T2S</u> Rng <u>R8W</u>
	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 5-2-05 Date well drilling completed: 5-4-05

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

Static Water Level: 120 feet above of  below (circle one) land surface Date measured: 5-4-05

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 160 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 200 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC .010

Screen slot size: .010 inches Setting depth: From 200 feet to 220 feet

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

Other (describe): \_\_\_\_\_

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): \_\_\_\_\_

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.

Rodney D. Wilson 0-418 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Clay	0	20
Red Sand	20	40
Sand and Gravel	40	60
White Clay	60	80
White Clay	80	105
White Sand	105	120
White Sand	120	220

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) indicate direction.

The sketch shows a rectangular property layout. A horizontal line at the top is labeled 'ISS' and 'South'. A vertical line on the left is labeled 'Church Rd'. A horizontal line in the middle is labeled 'W.E. RDSS PKWY'. Inside the property, there is a 'Well' indicated by a small rectangle with an arrow pointing to it, and a 'Pond' indicated by an oval. Below the pond, there is a building labeled 'Desoto Care Hpts.'. At the bottom right of the sketch, the name 'Vrsbit' is written. The letter 'N' is written at the top left corner.

Landowner Name: \_\_\_\_\_

Wilson well      0-478  
 Signature of Water Well Contractor

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 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>Patterson &amp; Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 38409</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>7960 Wolf River Blvd.</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Germanman TN 38183</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> T <u>25</u> R <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 754-2211</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>5-4-05</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-4-05</u> <u>N/A</u>	Air Line Electric Measuring Line Steel Tape <u>N/A</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Rodney D. Wilson 0-418 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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