

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:

Acq#: _____
 Well #: F-152
 L.S. Elevator: _____
 E-log #: _____

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 5-5-08

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>CHARLES CASWELL</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>3388 SHENWOOD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>SHREVEPORT, MS 38671</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	Twp <u>T-16</u> Range <u>R-8W</u>		
Telephone No. <u>(901) 371-7393</u>	Distance <u>4</u> Miles	Direction <u>S/E</u>	Nearest Town <u>HOWLAND LAKE</u>

Well Data

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

Date well drilling started: 5-5-08 Date well drilling completed: 5-5-08

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

Static Water Level: 97 feet above or below (circle one) land surface Date measured: 5-6-08

Method of Measurement (circle one): steel tape electric tape air line other: STRING + WEIGHT

Hole depth: 147 Well depth: 147 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 127 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS inches Setting depth: From 127 feet to 147 feet

Type of completion (circle all applicable): Gravel packed Unscreened 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 contact of pipe

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

Name of organization running logs: _____

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

BOB SMITH 0-645 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 MAY 27 2008
 BY: OLWR

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: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 5-6-08

For Office Use Only:

Aquifer: _____
 Well #: F-152
 Elevation: _____

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>CHRIS CASWELL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3388 STEPHEN</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>SELMA, MS. 38671</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec F-16 Twp T2S R8W</u>
Telephone No. <u>901, 371-7393</u>	Distance Direction Nearest Town
	<u>4 Miles S/E of HOWLAND</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	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"/>	<input checked="" type="checkbox"/> Electric Motor <input 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</u>
Date Pump Installed: <u>5-6-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-6-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>97</u> Feet Below Land Surface	Other (specify): <u>STRING + WEIGHT</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>26</u> GPM with a drawdown of _____
Test Pumping Rate: <u>26</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

BOB SMITH 0-645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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