

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10031
Jackson, MS 39209-0031
(601)961-5210
(601)934-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: F-153
I. S. Elevator: _____
E-log #: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 7-25-08

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>JOHN SCOTT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3746 Church rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Howland, MS 38637</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>N</u> _____ <u>W</u> Sec: <u>4</u> Twp: <u>T25</u> Rng: <u>R8W</u>
Telephone No.: <u>601 230-3325</u>	Distance _____ Direction: _____ Nearest Town: _____
	<u>2</u> Miles <u>S/E</u> of <u>HOWLAND</u>

Well Data

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

Date well drilling started: 7-25-08 Date well drilling completed: 7-25-08

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 7-26-08

Method of Measurement (circle one): steel tape elastic tape air line other: LINE + WEIGHT

Hole depth: 230 Well depth: 230 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/8 THOUS inches Setting depth: From 220 feet to 230 feet

Type of completion (circle all applicable): Gravel packed Unscreened Telescoped Open hole Natural Development
Other (describe): WASHED SAND

Top of log pipe or section in casing: _____ feet. If telescoped or more than one screen, describe each part 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 and/or the Mississippi Department of Health regulations and standards.

Bob Smith 0645
Print Name of Water Well Contractor and License No.

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[Signature] AUG 18 2008
BY: OLRW

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: 7-26-08

For Office Use Only:

Aquifer: _____
 Well #: F-153
 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>JOAN SCOTT</u> Mailing Address: <u>3746 CREECH RD</u> <u>HONOLAKE, MS. 38637</u> City State Zip Code Telephone No. <u>(601) 230-3325</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>T25</u> Rng <u>R2W</u> Distance Direction Nearest Town <u>2</u> Miles <u>S/E</u> of <u>HONOLAKE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>7-26-08</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>140</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-26-08</u> Static Water Level (A): <u>120</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>12</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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

BOB SMITH 0645 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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F-153

Ground Level

Description of Formations Encountered

From

To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
RED CLAY	18	40
GREY CLAY	40	200
WHITE SAND	200	230

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.

Landowner Name: JOHN SCOTT


 Signature of Water Well Contractor

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