

MS-GW-16126

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 #: G-28
L. S. Elevation: _____
E-log #: _____

County: DeSoto
Permit #: ISSUED UNKNOWN
Driller: Pete Sappington
Date drilling completed: 9/15/04

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>REUBEN WILLIAMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8727 NORTHWEST DR</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Southern, MS 38671</u>	_____ 1/4 _____ 1/4 Sec. <u>11</u> Twn <u>25</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 393 4250</u>	<u>2</u> Miles <u>EAST</u> of <u>WESTWELL RD</u> <u>ON COLLEGE RD SOUTHERN, MS</u>

Well Data

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

Date well drilling started: 9/15/04 Date well drilling completed: 9/15/04

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

Static Water Level: 114 feet above or below (circle one) land surface Date measured: 9/16/04

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

Hole depth: 256 Well depth: 256 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 226 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 6 inches Type of screen: PVC

Screen slot size: 013 inches Setting depth: From 180 feet to 256 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.

Pete Sappington 0430
Print Name of Water Well Contractor and License No.

Pete Sappington
Signature of Water Well Contractor

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OCT 08 2004
BY: OLWR

pump replaced 4/25/13

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 #: G-88

Elevation: _____

County: DESO
 Permit #: NO PERMIT
 Driller: PETE SUPPINGTO
 Date completed: 9/25/04

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>REEVES William Realty</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8727 NORTHWEST DR</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Southern MS 38611</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>25</u> Rng <u>7W</u>
Telephone No. <u>(662) 393 4250</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>EAST</u> of <u>Getwell Rd</u> <u>ON COLLEGE'S RD SOUTHERN, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/> <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>15 HP</u>
Date Pump Installed: <u>9/25/04</u>	Setting Depth: <u>168</u> feet
Rated Pump Capacity: <u>130 @ 70 PSI</u> Gallons Per Minute	Number of Stages: <u>7</u>

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 BY: OLWF

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/28/04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tap</u>
Static Water Level (A): <u>114</u> Feet Below Land Surface	Other (specify): <u>NO</u>
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36</u> Feet Below Land Surface	Well yielded <u>160</u> GPM with a drawdown of
Test Pumping Rate: <u>160</u> Gallons Per Minute	<u>36</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Pete Suppingto 0430
 Print Name of Pump Installer and License No. (if applicable)

Pete Suppingto
 Signature of Pump Installer

Pump Replacement only

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)

For Office Use Only:

Aquifer: _____
Well #: GEE
Elevation: _____

County: Desoto
Permit #: G-W 16126
Driller: _____
Date completed: 4/25/13
Copy information from block on Part 1

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>Spring Place Estates</u>	Latitude: <u>N 31° 55' 11.87"</u> Longitude: <u>W 089° 54' 47.22"</u>
Mailing Address: <u>College Rd / Spring Place Dr.</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ²⁸
<u>Olive Branch Ms. 38654</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4</u> Sec <u>11</u> T <u>25</u> R <u>7W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of Nearest Town _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" 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"/>	Electric Motor <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>5 hp.</u>
Date Pump Installed: <u>4-25-13</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>4-25-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>existing pipe</u>
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>40</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well **Replacement of Existing Pump** Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Rodney D. Wilson 0-418 Rodney D. Wilson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer