

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10691  
Jackson, MS 39289-0691  
(601)961-5210  
(601)354-6938 (fax)

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 5-15-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-113  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>DANIEL BAILEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5255 WILLOWOOD DR.</u>	Method of Lat/Long (circle one): <u>Conventional Survey.</u>
<u>SOUTHAVEN, MS. 38671</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>4 4 Sec. J-4 Twp. 25 Rng. 7W</u>
Telephone No. <u>(901) 826-4516</u>	Distance Direction Nearest Town
	<u>3 Miles NW of PLEASANT HILL</u>

**Well Data**

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

Date well drilling started: 5-15-08 Date well drilling completed: 5-15-08

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

Static Water Level: 167 feet above or below (circle one) land surface Date measured: 5-18-08

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

Hole depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/32 INCHES Setting depth: From 240 feet to 26 feet

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

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

[Signature]  
Signature of Water Well Contractor

RECEIVED  
MAY 25 2008  
BY: OLIVER



# 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: 5-18-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-113  
 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>DANIEL BAILEY</u> Mailing Address: <u>5255 WILLOWS RD.</u> <u>SUITLAND, MS. 38671</u> <small>City State Zip Code</small> Telephone No. <u>901 826-4516</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec: <u>24</u> Twp: <u>T25</u> Rng: <u>R2W</u> Distance Direction Nearest Town <u>3 Miles N/W of PLEASANT HILL</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>5-18-08</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>200</u> feet Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-18-08</u> Static Water Level (A): <u>167</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>31</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>31</u> GPM with a drawdown of _____ feet after _____ hours 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

RECEIVED  
 JUN 06 2008  
 BY: OTW