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)

County: DESOTO
Permit #:
Driller: BOB SMITH
Date drilling completed: 5-16-08

For Office Use Only:
Aquifer:
Well #: G-114
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

Owner Name: WILLIAM CLYATT
Mailing Address: 5285 WILDWOOD DR
SOUTHAVEN MS. 38671
City State Zip Code
Telephone No. 901 508-9986

Well Location

Latitude: ___ ° ___ ' ___ " Longitude: ___ ° ___ ' ___ "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec. J-4 Twp. T2S Rng. R7W
Distance 3 Miles Direction N/W of PLEASANT HILL

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 5-16-08 Date well drilling completed: 5-16-08
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 153 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: 245 Well depth: 245 Well grouted to a depth of 10 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 225 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 225 feet to 245 feet
Type of completion (circle all applicable): Gravel packed Undreamed 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 on back of page
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 state laws.

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

Signature of Water Well Contractor

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G-114

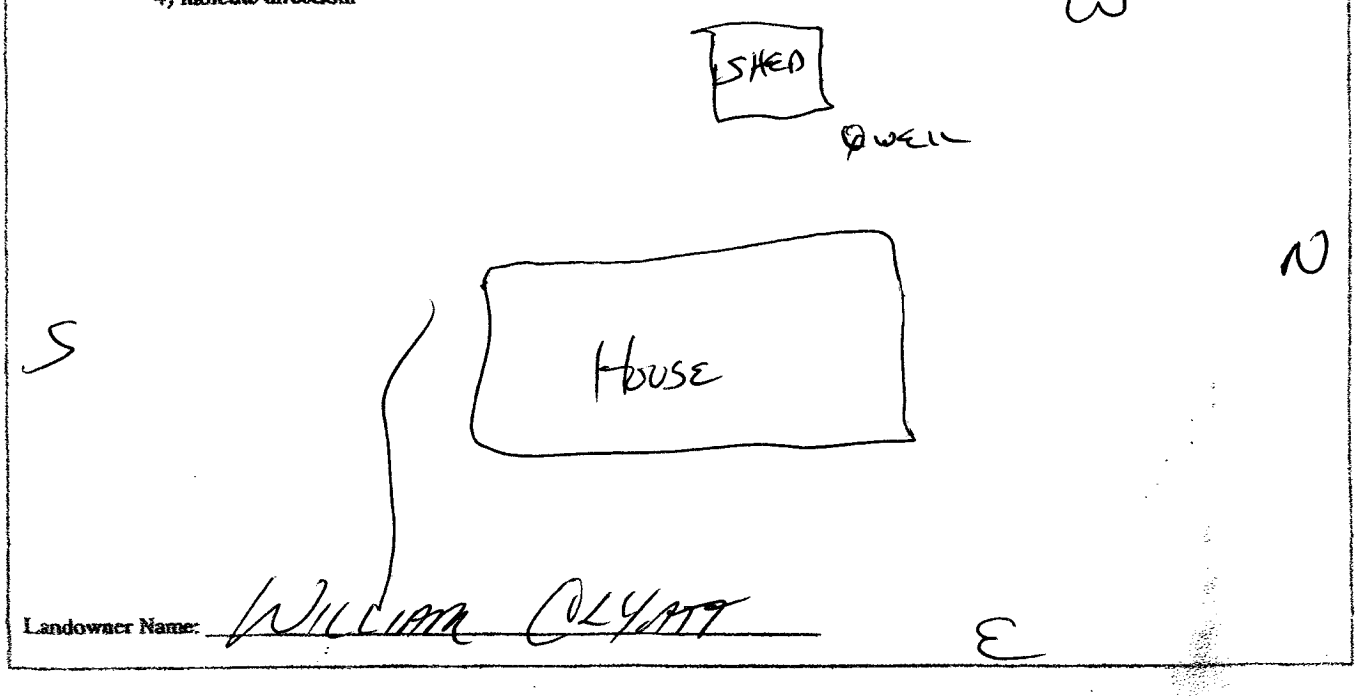
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	9
RED CLAY	9	22
GRAVEL	22	60
ROCK	60	61
GREY CLAY	61	195
ROCK	195	196
WHITE SAND	196	245

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: WILLIAM OLYMPI

Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT
Part 2

County: DESOTO
Permit #:
Driller: BOB SMITH
Date completed: 5-18-08

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-114
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

Owner Name: WILLIAM CLYATT
Mailing Address: 5285 WILLOWOOD DR.
SOUTHAVEN, MS. 38671
City | State | Zip Code
Telephone No. 901 508-9986

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec. J-4 Twp. T2S Rng. R2W
Distance Direction Nearest Town
3 Miles N/W of PLEASANT HILL

Pump Type
Circle one

Air Lift, Jet, Submersible
Bucket, Piston, Turbine
Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 5-18-08
Rated Pump Capacity: 35 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas
Electric Motor, Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 3
Setting Depth: 180 feet
Number of Stages: 17

Pump Test Data

Date Well Tested: 5-18-08
Static Water Level (A): 153 Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: 40 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify): LINE + WEIGHT
For flowing well, measured shut in head: feet
Well yielded 40 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
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED
JUN 16 2008
BY OLWR