533

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 #: ~~Smith Well Drilling~~
Driller: ~~BOB SMITH~~ ROBERT C SMITH
Date drilling completed: 8-12-04

For Office Use Only:
Aquifer:
Well #: H-127
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: JAMES BURKES
Mailing Address: 4848 CENTER HILL RD
OLIVE BRANCH MS 3865
City State Zip Code
Telephone No. (601) 461-4997

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 29 Twn T2S Rng R-5W
Distance 4 Miles Direction SE of Nearest Town OLIVE BRANCH

Well Data

Purpose of Well (circle one) (Home) Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 8-12-04 Date well drilling completed: 8-12-04
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 35 feet above or (below) (circle one) land surface Date measured: 8-12-04
Method of Measurement (circle one) steel tape (electric tape) air line other:
Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 14 THOUS inches Setting depth: From 100 feet to 110 feet
Type of completion (circle all applicable): Gravel packed Underreamed 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 log(s): ___

RECEIVED
SEP 01 2004
BY: OLWR

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.

ROBERT C SMITH 0-645
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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: 8-12-04

For Office Use Only:
Aquifer:
Well #: H-127
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: James Burkes
Mailing Address: 4848 Cooper Hill Rd
Olive Branch MS 38654
City State Zip Code
Telephone No. (Cell) 461-4991

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec 1-9 Twn T-2S Rng R5W
Distance 4 Miles Direction S/E Nearest Town of Olive Branch

Pump Type
Circle one

Air Lift	Jet	(Submersible)
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____
Date Pump Installed: 8-12-04
Rated Pump Capacity: 12 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: 3/4
Setting Depth: 40 feet
Number of Stages: 12

RECEIVED
SEP 01 2004
BY: OLWR

Pump Test Data

Date Well Tested: 8-12-04
Static Water Level (A): 35 Feet Below Land Surface
Pumping Water Level (B): 38 Feet Below Land Surface
Drawdown [(B) – (A)]: 3 Feet Below Land Surface
Test Pumping Rate: 18 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4½ hours

Method of Measuring Water Level
Circle one

Air Line	(Electric Measuring Line)	Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet
Well yielded 18 GPM with a drawdown of 3 feet after 4½ hours of pumping

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

Robert C Smith 0-645
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

If well telescopes please sketch below and show depths.

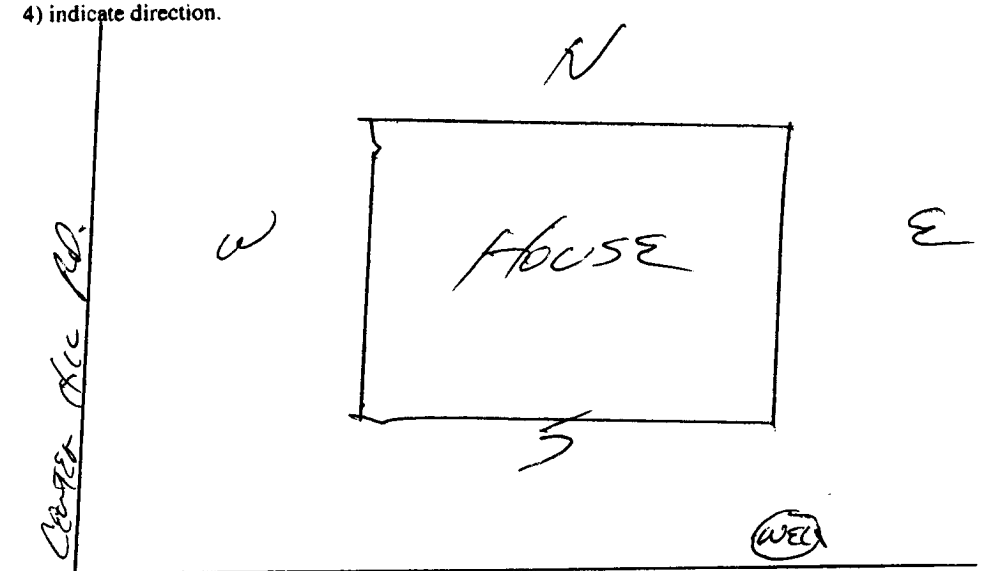
Ground Level

H-127

Description of Formations Encountered	From	To
TOP Soil	0	5
Brown Clay	5	15
Grey Clay	15	45
White Clay & Sand	45	80
White Sand	80	110

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 JAMES BURKES

RECEIVED
SEP 01 2004
BY: OLWR

Signature of Water Well Contractor