

532

State Well Report Part 1

County: DE SOTO
 Permit #: Smith Well Drilling
 Driller: BOB SMITH AND SONS
 Date drilling completed: 8-7-04

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 #: H-128
 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>DE SOTO COUNTY SERVICES</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CRAFT RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>HERNANDO, MS 38632</u>	<u>1/4 1/4 Sec K-30 Twn 125 Rng 16 W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>LEWISBURG</u>
Telephone No. (____) _____	

Well Data

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

Date well drilling started: 8-7-04 Date well drilling completed: 8-7-04

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

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 8-8-04

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

Hole depth: 151 Well depth: 151 Well grouted to a depth of 23 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 131 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/4" W/S inches Setting depth: From 131 feet to 151 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): _____

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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

11-11-11

11-11-11

Dear Sir,
I have received your letter of the 10th inst. regarding the matter of the...

I am sorry to hear that you are having difficulties with the project. I will do my best to assist you in any way I can.

Please let me know if there is anything else I can do for you. I am sure we can find a solution to your problem.

I am sure that you will be satisfied with the results. I will be in touch with you again when I have more news.

Yours faithfully,
[Signature]

I am sure that you will be satisfied with the results. I will be in touch with you again when I have more news.

I am sure that you will be satisfied with the results. I will be in touch with you again when I have more news.

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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 #: H-128

Elevation: _____

County: DESOTO
 Permit #: _____
 Driller: Bob Smith
 Date completed: 8-9-04

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>DESOTO County Schools</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>CRAPT RD.</u> <u>HELMWOOD MS 38632</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>K-30</u> Twn <u>T25</u> Rng <u>R6W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>LEWISBURG</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8-9-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>70</u> Gallons Per Minute	Number of Stages: <u>15</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-9-04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>43</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>110</u> GPM with a drawdown of
Test Pumping Rate: <u>110</u> Gallons Per Minute	<u>8</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

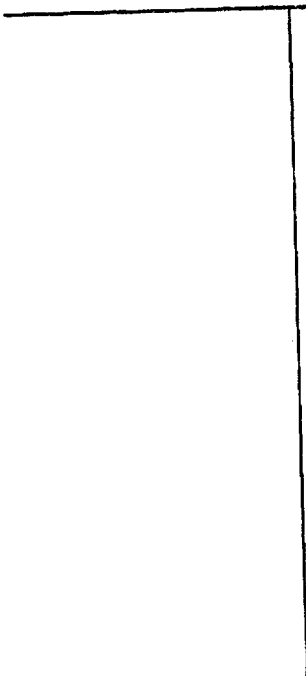
Robert C. Smith 0-645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

If well telescopes please sketch below and show depths.

Ground Level

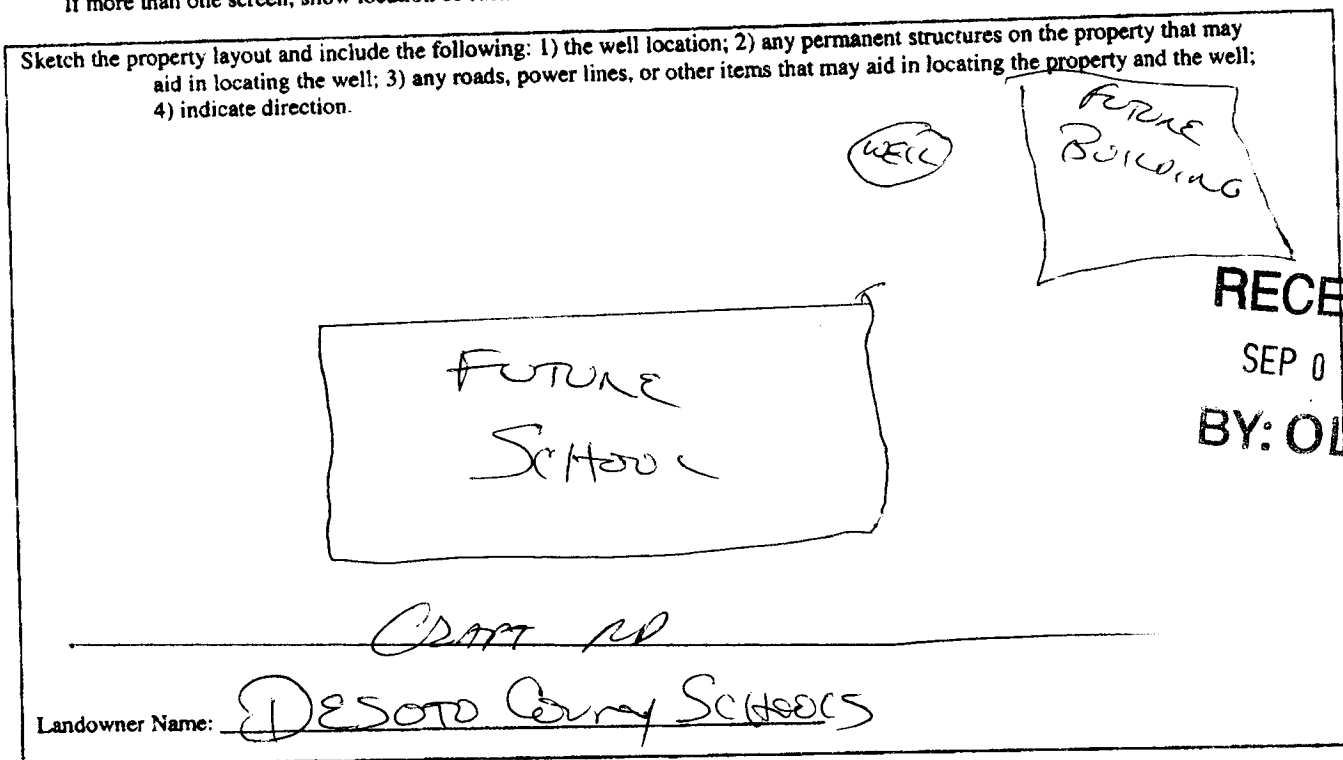
H-128



Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	27
RED CLAY	27	36
WHITE CLAY	36	42
GREY CLAY	42	100
WHITE SAND & CLAY	100	130
WHITE SAND	130	151

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.



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Landowner Name:

DESOTO COUNTY SCHOOLS

Signature of Water Well Contractor