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: 8-5-06

For Office Use Only:
Aquifer:
Well #: J-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

Owner Name: BUDDY REEVES
Mailing Address: 4207 Crown Dr.
HERNANDO
MS. 38632
City State Zip Code
Telephone No. (662) 404-0159

Well Location

Latitude: ___ ° ___ ' ___ " Longitude: ___ ° ___ ' ___ "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec. M-19 Twn T3S Rng R9W
Distance 10 Miles Direction S/W of Nearest Town HERNANDO

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 8-5-06 Date well drilling completed: 8-5-06
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 8-5-06
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 193 Well depth: 193 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 173 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 140 PVC inches Setting depth: From 173 feet to 193 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):

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

J-128

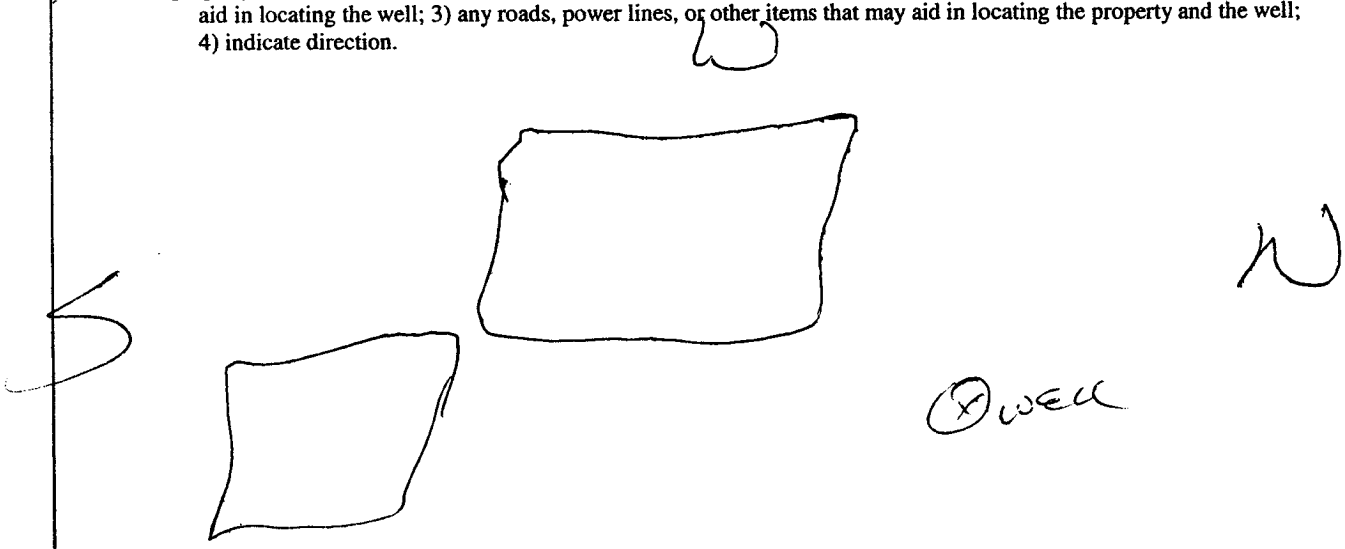
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN + RED CLAY	5	30
SAND + GRAVEL	30	100
FINE SAND + CLAY	100	160
FINE SAND	160	192

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.



Electric

Landowner Name: BUNNY REEVES

Signature of Water Well Contractor

RECEIVED
SEP 01 2006
BY: OLWR

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: 8-5-06

For Office Use Only:
Aquifer:
Well #: J-128
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: BUDDY REEVES
Mailing Address: 4207 CAROLYN DR.
HERNANDO, MS.
38632
City State Zip Code
Telephone No. (662) 404-0159

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 11-19 Twn T.3S Rng R9W
Distance Direction Nearest Town
6 Miles SW of HERNANDO

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 8-5-06
Rated Pump Capacity: 20 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: 1½
Setting Depth: 80 feet
Number of Stages: 15

Pump Test Data

Date Well Tested: 8-5-06
Static Water Level (A): 50 Feet Below Land Surface
Pumping Water Level (B): 56 Feet Below Land Surface
Drawdown [(B) – (A)]: 6 Feet Below Land Surface
Test Pumping Rate: 28 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):
For flowing well, measured shut in head: ___ feet
Well yielded 28 GPM with a drawdown of 6 feet after ___ hours of 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