

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-135  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DeSoto

Permit #: \_\_\_\_\_

Driller: Delta Drilling of Aurora

Date drilling completed: 7-3-07

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>Dennis McLenore</u>	Latitude: <u>34.50 086</u> Longitude: <u>89.11 900.</u>
Mailing Address: <u>5660 Goodma Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Walla</u> MS <u>38680</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>18</u> Twn <u>35</u> Rng <u>9W</u>
Telephone No. <u>(901) 489-8392</u>	Distance Direction Nearest Town
	<u>6 Miles East of Robinsonville</u>

**Well Data**

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

Date well drilling started: 7-3-07 Date well drilling completed: 7-3-07

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 7-5-07

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

Hole depth: 100 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 55 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

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: VISUAL

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.

ALAN PYLE 0674

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

[Signature] RECEIVED  
JUL 24 2007

BY OLWR



09/07/2007 08:51 FAX 6626274757

CIRCLE S IRRIGATION

002/004

### 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: DESOUD  
 Permit #: \_\_\_\_\_  
 Driller: DELTA DRILLING OF Tunica  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

*For Office Use Only:*  
 Acquirer: \_\_\_\_\_  
 Well #: J-135  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

**Well Owner Information**  
 Owner Name: DENNIS McLEMORE  
 Mailing Address: 5640 GOODMAN RD  
HORN LAKE MS 39637  
 City State Zip Code  
 Telephone No. (901) 489-8392

**Well Location**  
 Latitude: 34° 50' 08" N Longitude: 090° 11' 80" W  
 Method of Lat/Long (check one): Conventional Survey  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 7 T 3S R 9W  
 Distance Direction Nearest Town  
6 Miles E of ROBINSONVILLE

**Pump Type**  
 Circle one  
 Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 8-13-07  
 Rated Pump Capacity: 800 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: 60  
 Setting Depth: 50 feet  
 Number of Stages: 4

**Pump Test Data**  
 Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): 17 Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface  
 Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line Electric Measuring Line Steel Tap  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
DAVID P. HOLT C-752P  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
 Form: OLWR-SWR-1B

Job # 7410