

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: J159

L.S. Elevation: _____

E-Long #: _____

County: DESOUD
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 6-3-11

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>STUMP ZENNER</u> Mailing Address: <u>11324 16th RD</u> <u>HELAND, MS 38832</u> City State Zip Code Telephone No. <u>662 429-2655</u>	Latitude: <u>34° 48' 31"</u> Longitude: <u>90° 11' 24" ?</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec T9 Rng 19 W 91N</u> Distance Direction <u>7.5</u> Nearest Town <u>4</u> Miles <u>W</u> of <u>EDDORA</u>
Well Data	
Purpose of Well (circle one) Home <input checked="" type="radio"/> Industrial Public Supply Irrigation Fish Culture Other <u>Hand Pump</u>	
Date well drilling started: <u>6-3-11</u> Date well drilling completed: <u>6-3-11</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>90</u> feet above or below (circle one) land surface Date measured: <u>6-4-11</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE & WEIGHT</u>	
Hole Depth: <u>107</u> Well depth: <u>107</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>87</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/32</u> inches Setting depth: From <u>87</u> feet to <u>107</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____	
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well 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. Print name of Water Contractor and License No. <u>BOB SMITH 0-645</u> Signature of Water Well Contractor <u>[Signature]</u>	

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 BY: [Signature]

State Well Report

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: J159

Elevation: _____

County: <u>DESOUD</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>6-4-11</u>

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>STUART ZENNER</u>	Latitude: <u>34-48-31</u> Longitude: <u>90-11-24</u> ?
Mailing Address: <u>11324 Ithaca RD</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>HEMLOCK, MS. 38632</u>	NW 1/4 SE 1/4 Sec 19 Twn 35 Rng 129W
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 429-2635</u>	<u>4</u> miles <u>W</u> of <u>EUDORA</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <u>Hand</u> Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): <u>Hand Pump</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6-4-11</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: _____ gallons per min	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>6-4-11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>90</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown[(B)-(A)]: _____ feet below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ gallons per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test(minimum 4 hours): _____ hrs	

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

<u>BOB SMITH 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer
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