

State Well Report

Part I

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 #: K-189
 L.S. Elevation: _____
 B-log #: _____

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County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 11-15-04
Smith Well Drilling & Dev.

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: JIMMY HALL
 Mailing Address: 2 SPANLING
HERNANDO, MS 38632
 City State Zip Code
 Telephone No: _____

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad. Hand-held GPS. Survey-grade GPS
 _____' N _____' W Sec N-36 Twn T-35 Rng R-8W
 Distance _____ Miles Direction _____ of Nearest Town HERNANDO

Well Data
 Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other _____
 Date well drilling started: 11-15-04 Date well drilling completed: 11-15-04
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11-15-04
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 130 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 TAPS inches Setting depth: From 130 feet to 140 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): UNPERFORATED SPUD
 Trip of lap pipe or retraction 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.
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)

For Office Use Only:

Aquifer: _____
 Well #: K-189
 Elevation: _____

33

County: DESOTO
 Permit #: _____
 Driller: Bob Smith
 Date completed: 11-15-04

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>Jimmy Hou</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Stennis</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Heimann, MS 38630</u>	_____ W _____ W Sec <u>N-36</u> Twn <u>T-35</u> Rng <u>R-8W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No: _____	<u>3</u> Miles <u>S</u> of <u>HEIMANN</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift: _____	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: _____	<input checked="" type="radio"/> Electric Motor: _____ Hand: _____ Tractor PTO: _____
Centrifugal: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-15-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>11-15-04</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____
Static Water Level (A): <u>56</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>4</u> feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

[Signature]
 Signature of Pump Installer