

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-191
L.S. Elevation: _____
B-log #: _____

33

County: DESOTO
Permit #: _____
Driller: Bob Smith
Date drilling completed: 12-5-04

Smith Well Drilling & Son

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>REBECCA CHANDLER</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>WHEELER RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>HERNANDO, MS 38632</u>	USGS quad: _____	Hand-held GPS: _____	Survey-grade GPS: _____
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles	Direction: <u>SW</u>	Nearest Town: <u>HERNANDO</u>
Telephone No: <u>(662) 812-3151</u>			
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	Date well drilling started: <u>12-5-04</u> Date well drilling completed: <u>12-5-04</u>		
If flowing, method of flow regulation: Valve _____ Other (describe): _____	Static Water Level: <u>96</u> feet above or below (circle one) land surface Date measured: <u>12-5-04</u>		
Method of Measurement (circle one): steel tape <u>electric tape</u> air line other: _____	Hole depth: <u>160</u> Well depth: <u>160</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <u>Cement</u> Bentonite Mix	Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>1/4 INCHES</u> Setting depth: From <u>150</u> feet to <u>160</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development	Other (describe): <u>WASHED SAND</u>		
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.			
Print Name of Water Well Contractor and License No: <u>ROBERT C SMITH 0-645</u>		Signature of Water Well Contractor: <u>[Signature]</u>	

33

If well telescopes please sketch below and show depths.

Ground Level

K-191

Description of Formations Encountered

From To

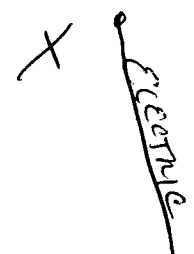
Description of Formations Encountered	From	To
TOP SOIL	0	3
BROWN CLAY	3	15
RED CLAY + GRAVEL	15	40
WHITE CLAY	40	100
WHITE CLAY + SAND	100	140
WHITE SAND	140	160

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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WHEELER RD

Landowner Name: REBECCA CRAWFORD

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-191 33

Elevation: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date completed: 12-5-04

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

Owner Name: REBECCA CARROLL
Mailing Address: WHEELER RD
HERNANDO MS 38632
City: _____ State: _____ Zip Code: _____
Telephone No: 662 812-3151

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey
 USGS quad. Hand-held GPS. Survey-grade GPS
_____ 1/4 Sec 5-15 Twn T4S Rng R-8W
Distance: _____ Direction: _____ Nearest Town: HERNANDO
6 Miles S/W of _____

Pump Type
Circle one

Air Lift: _____
Bucket: _____
Centrifugal: _____
Other (specify): _____
Date Pump Installed: 12-5-04
Rated Pump Capacity: 12 Gallons Per Minute

Jet: Submersible
Piston: _____
Rotary: _____
Turbine: _____
Flowing Well: _____

Power Type
Circle one

Diesel Engine: _____
Gasoline Engine: _____
Natural Gas: _____
 Electric Motor
Hand: _____
Tractor PTO: _____
Windmill: _____
Other (specify): _____
Horse Power Rating of Motor: 3/4
Setting Depth: 120 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 12-5-04
Static Water Level (A): 96 Feet Below Land Surface
Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) - (A)]: 4 Feet Below Land Surface
Test Pumping Rate: 14 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 14 GPM with a drawdown of
4 feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): Bob Smith 0-645 Signature of Pump Installer: [Signature]