

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-196
L.S. Elevation: _____
E-log #: _____

County: DESOTO 033
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 2-15-05

Smith Well Drilling and Service

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>BOB REINEN</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>ROYAL LANE</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>HERNANDO, MS 38632</u>	Twp. <u>N-14</u> Rng. <u>R-8W</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>1/2</u> Miles	Direction: <u>W</u>	Nearest Town: <u>HERNANDO</u>
Telephone No: <u>(601) 550-3090</u>			

Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____	Date well drilling started: <u>2-15-05</u> Date well drilling completed: <u>2-15-05</u>		
Flowing: _____ method of flow regulation: <u>Valve</u> Other (describe): _____	Date measured: <u>2-15-05</u>		
Static Water Level: <u>53</u> feet above or <input checked="" type="radio"/> below (circle one) land surface	Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____		
Mole depth: <u>215</u> Well depth: <u>215</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>205</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>14 Mesh</u> inches	Setting depth: From <u>205</u> feet to <u>215</u> feet		
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development	Other (describe): <u>WASHED SAND</u>		
Top of tap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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: BOB SMITH 0-645
Signature of Water Well Contractor: [Signature]

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MAR 07 2005
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 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-196

Elevation: _____

County: DESOTO

Permit #: _____

Driller: BOB SMITH

Date completed: 2-15-05

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: BOB REWEN

Mailing Address: 10402 Lane

Hennard MS 38632
 City State Zip Code

Telephone No: (901) 550-3090

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

W W Sec 11-14 Twn T-3S Rng R-8W

Distance Direction Nearest Town

1 1/2 Miles W of HENNARD

Pump Type
Circle one

Air Lift Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 2-15-05

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): _____

Motor Power Rating of Motor: 1 1/2

Setting Depth: 80 feet

Number of Stages: 15

Pump Test Data

Date Well Tested: 2-15-05

Static Water Level (A): 53 Feet Below Land Surface

Pumping Water Level (B): 59 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 0-645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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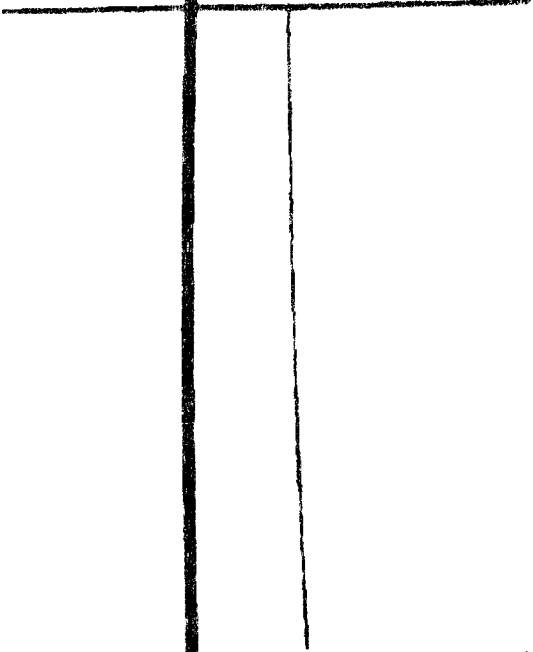
MAR 07 2005

BY: OLWR

K-196

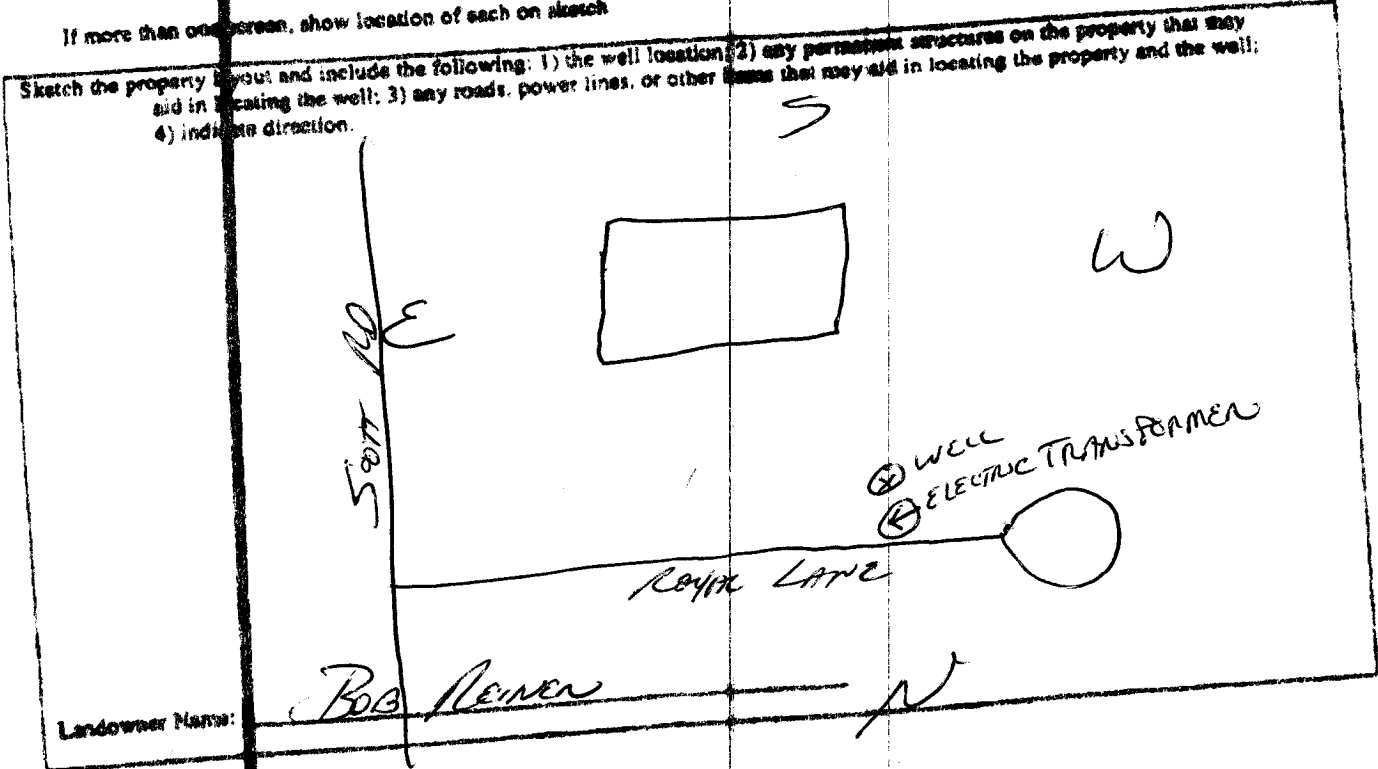
If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	37
RED CLAY	37	42
GRAVEL	42	61
GREY CLAY	61	190
WHITE SAND	190	215

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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MAR 07 2005
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