County: DESOTO

Permit #:

Driller: BOB SMITH

Date drilling completed: 5-22-05

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 #: K-207

L. S. Elevation:

E-log #:

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 JIM BREGENT

Mailing Address: OAK GROVE MANOR

HERNANDO MS. 38632
City State Zip Code

Telephone No. (662) 252-9377

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"

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

___ ¼ ___ ¼ Sec N-16 Twn T35 Rng R8W

Distance 3 Miles Direction W of Nearest Town HERNANDO

Well Data

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

Date well drilling started: 5-22-05 Date well drilling completed: 5-22-05

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-22-05

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

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 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 THOUS inches Setting depth: From 95 feet to 105 feet

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

Other (describe): WASHED SAND

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.

BOB SMITH 0-645

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

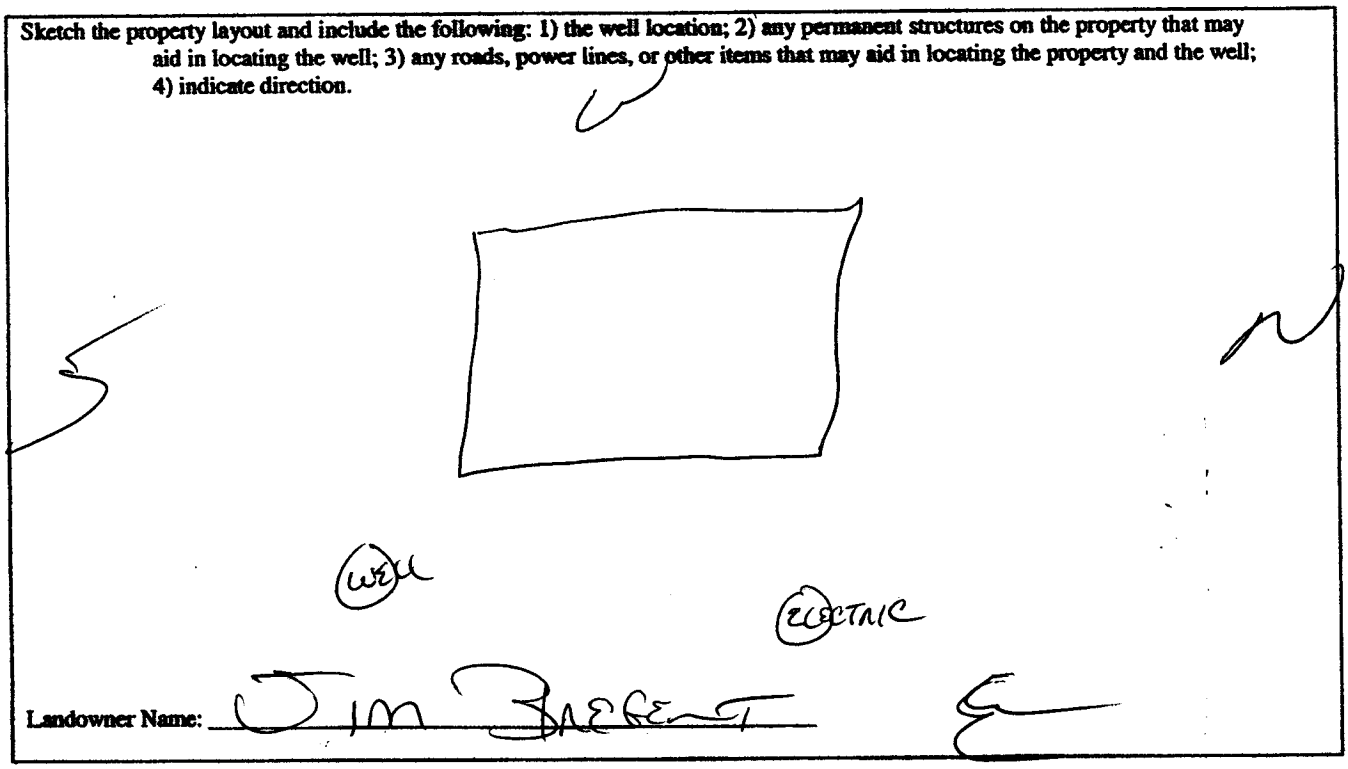
K-207

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	37
WHITE CLAY + SAND	37	78
WHITE SAND + CLAY	78	89
WHITE SAND	89	105

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.



Landowner Name: JIM BREGENT

Signature of Water Well Contractor

STATE WELL REPORT
Part 2

County: DESOTO
Permit #:
Driller: BOB SMITH
Date completed: 5-22-05

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-207
Elevation:

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: JIM BREGENT
Mailing Address: OTT GROVE MANOR
HERNANDO MS. 38632
City State Zip Code
Telephone No. 662 252-9377

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec N-16 Twn T3S Rng R8W
Distance 3 Miles Direction W of Nearest Town HERNANDO

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 5-22-05
Rated Pump Capacity: 12 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: 3/4
Setting Depth: 60 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 5-22-05
Static Water Level (A): 40 Feet Below Land Surface
Pumping Water Level (B): 44 Feet Below Land Surface
Drawdown [(B) – (A)]: 4 Feet Below Land Surface
Test Pumping Rate: 12 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 12 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.

BOB SMITH 0-645
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer