

# 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-230  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DeSoto  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling completed: 11-4-05

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>Don West</u>            | Latitude: _____ Longitude: _____  |
| Mailing Address: _____                 | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>HERNANDO</u><br>City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>N-18</u> Twn <u>T-35</u> Rng <u>R&amp;W</u>                              |
| Telephone No. <u>(662) 429-6608</u>    | Distance _____ Direction _____ Nearest Town _____<br><u>4</u> Miles <u>W</u> of <u>HERNANDO</u>     |

**Well Data**

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

Date well drilling started: 11-4-05 Date well drilling completed: 11-4-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11-4-05

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

Hole depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/4 max. inches Setting depth: From 145 feet to 155 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]  
Signature of Water Well Contractor

RECEIVED  
DEC 10 2005  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-230  
 Elevation: \_\_\_\_\_

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 11-4-05

**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  | Well Location  |
|---|--|
| Owner Name: <u>DON WEST</u>   | Latitude: _____ Longitude: _____   |
| Mailing Address: _____<br><u>4066 RD</u><br><u>HERNANDO, MS. 38632</u><br>City State Zip Code | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br>_____ 1/4 _____ 1/4 Sec <u>N18</u> Twn <u>T35</u> Rng <u>R28W</u> |
| Telephone No. <u>662 429-6608</u>   | Distance Direction Nearest Town<br><u>4</u> Miles <u>W</u> of <u>HERNANDO</u>  |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>3/4</u>                                 |
| Date Pump Installed: <u>11-4-05</u>                              | Setting Depth: <u>70'</u> feet  |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute                | Number of Stages: <u>11</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                       |
|--|---|
| Date Well Tested: <u>11-4-05</u>                           | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>60</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>63</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                                 |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface     | Well yielded <u>16</u> GPM with a drawdown of                                       |
| Test Pumping Rate: <u>16</u> Gallons Per Minute            | <u>3</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.

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

RECEIVED  
 NOV 10 2005  
 BOWEN

