

# 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-251  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 1-5-07

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.

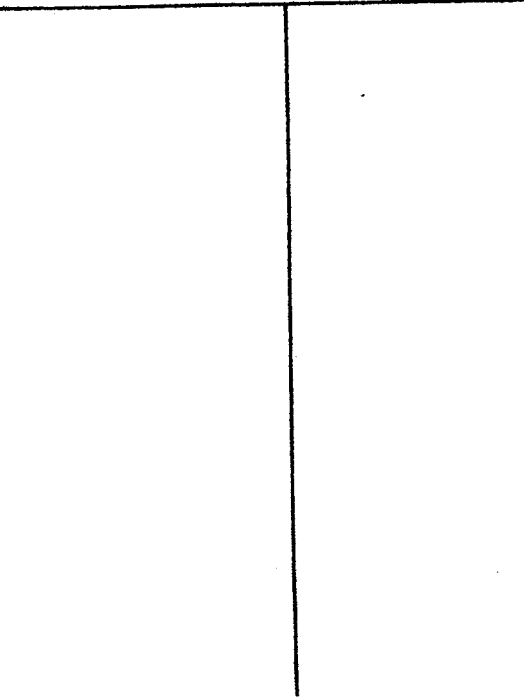
| Well Owner Information  | Well Location  |
|---|--|
| Owner Name: <u>RICKY BURNS</u>  | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>3707 FOGG RD</u>  | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>HERNANDO MS 38632</u><br>City State Zip Code   | <u>1/4 1/4 Sec. N-19 Twn T35 Rng R8W</u>   |
| Telephone No. <u>(901) 517-7266</u>   | Distance Direction Nearest Town<br><u>5 Miles S/W of HERNANDO</u>  |
| Well Data   |  |
| Purpose of Well (circle one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____                  |  |
| Date well drilling started: <u>1-5-07</u> Date well drilling completed: <u>1-5-07</u>   |  |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |  |
| Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>1-5-07</u>  |  |
| Method of Measurement (circle one) <input type="checkbox"/> steel tape <input checked="" type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____   |  |
| Hole depth: <u>155</u> Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet   |  |
| Type of grout (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix  |  |
| Casing length: <u>135</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>  |  |
| Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>   |  |
| Screen slot size: <u>1/32nds</u> inches Setting depth: From <u>135</u> feet to <u>155</u> feet  |  |
| Type of completion (circle all applicable): <input type="checkbox"/> Gravel packed <input type="checkbox"/> Underscreened <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.                                     |  |
| <u>BOB SMITH</u> <u>0645</u>  | <u>[Signature]</u>   |
| Print Name of Water Well Contractor and License No.   | Signature of Water Well Contractor   |

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K-251

If well telescopes please sketch below and show depths.

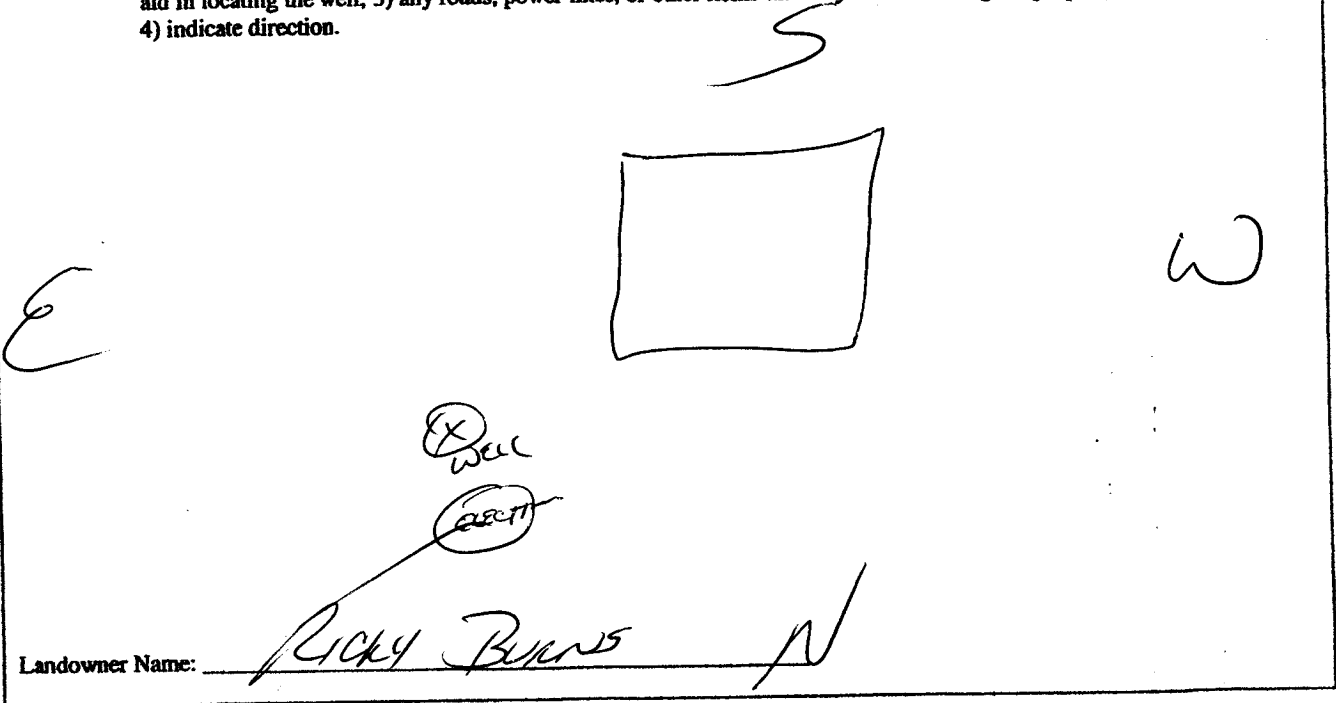
Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| TOP SOIL                              | 0    | 5   |
| BROWN CLAY                            | 5    | 27  |
| RED SAND + GRAVEL                     | 27   | 90  |
| WHITE CLAY                            | 90   | 110 |
| WHITE SAND + CLAY                     | 110  | 120 |
| WHITE SAND                            | 120  | 155 |
|                                       |      |     |
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|                                       |      |     |

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:

Ricky Burns

*[Handwritten Signature]*  
Signature of Water Well Contractor

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# 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)

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 1-5-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-251  
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               | Well Location   |
|--------------------------------------|---|
| Owner Name: <u>Ricky Burns</u>       | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>3707 Fogg Rd</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>HERNANDO, MS. 38632</u>           | _____ 1/4 _____ 1/4 Sec <u>N19</u> Twn <u>T35</u> Rng <u>R8W</u>                                    |
| City State Zip Code                  | Distance Direction Nearest Town   |
| Telephone No. <u>(901) 517-7266</u>  | <u>5</u> Miles <u>S/W</u> of <u>HERNANDO</u>  |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine                                 | <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>1-5-07</u>                    | Setting Depth: <u>100</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>1-5-07</u>                            | Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>70</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>76</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                      |
| Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface     | Well yielded <u>14</u> GPM with a drawdown of                            |
| Test Pumping Rate: <u>14</u> Gallons Per Minute            | <u>6</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 0645      [Signature]  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer