

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-260
 L. S. Elevation: _____
 E-log #: _____

County: DESOUD
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 3-25-08

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>ROBERT DUNCAN</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1719 OAK GROVE RD.</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey.		
<u>HEARNIM, MS 38632</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	_____ 4 Sec. <u>N-15</u> Twn <u>T35</u> Rng <u>R8W</u>		
Telephone No. <u>662 449-0024</u>	Distance _____ Miles	Direction <u>S/W</u>	Nearest Town <u>HEARNIM</u>

Well Data

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

Date well drilling started: 3-25-08 Date well drilling completed: 3-25-08

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

Static Water Level: 54 foot above or below (circle one) land surface Date measured: 3-26-08

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

Hole depth: 195 Well depth: 195 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1.3710W inches Setting depth: From 175 feet to 195 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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 contact of pipe

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

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.

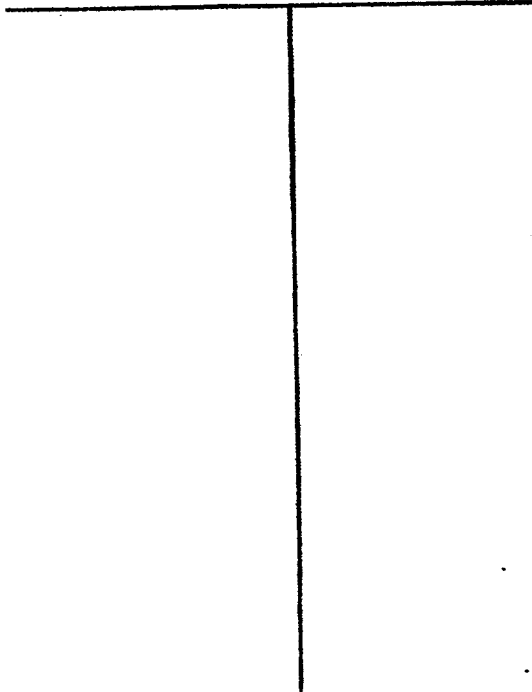
BOB SMITH 0645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

K-260

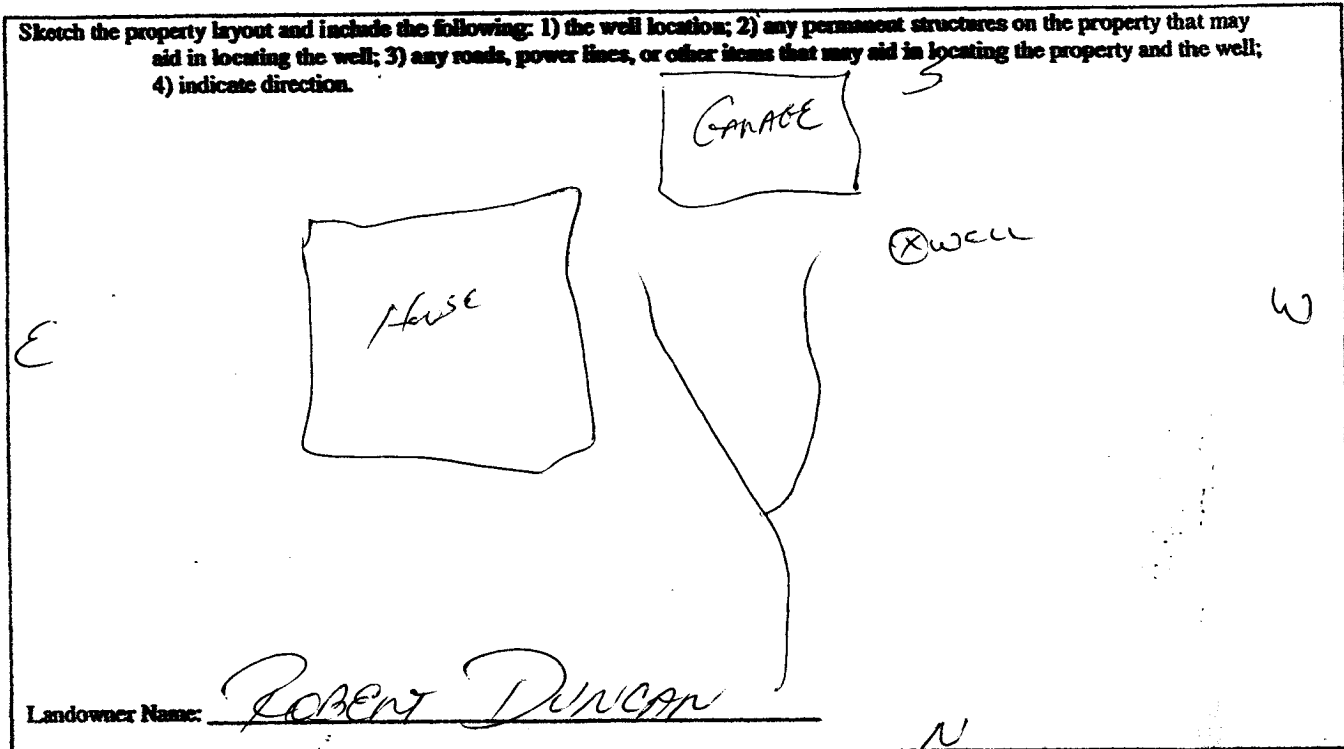
Ground Level



Description of Formations Encountered

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	27
WHITE CLAY	27	60
GRAVEL	60	118
WHITE SAND	118	195

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



[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)

For Office Use Only:

Aquifer: _____

Well #: K-260

Elevation: _____

County: Desoto

Permit #: _____

Driller: ROB SMITH

Date completed: 3-26-08

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>ROBERT DUNCAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1719 OAK GROVE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HERNANDO MS 38632</u> City State Zip Code	<u>1/4 Sec N 15 Twn T35 Rng 12W</u>
Telephone No. <u>(662) 449-0024</u>	Distance Direction Nearest Town <u>0.1 Miles S/W of Hernando</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>3-26-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>28</u> Gallons Per Minute	Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-26-08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>54</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>62</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>46</u> GPM with a drawdown of
Test Pumping Rate: <u>46</u> Gallons Per Minute	<u>8</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.

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

[Signature]
 Signature of Pump Installer

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