

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: K-263

L.S. Elevation: _____

E-Long #: _____

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 8-17-08

State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>GREG TUTON</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>980 RANCH RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HENNAHO, MS 38632</u>	____ 1/4 ____ 1/4 Sec <u>N-35</u> Twn <u>T-35</u> Rng <u>R-8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 828-6123</u>	<u>4</u> Miles <u>S/W</u> of <u>HENNAHO</u>

Well Data

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

Date well drilling started: 8-17-08 Date well drilling completed: 8-17-08

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 8-18-08

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

Hole Depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 25 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS. inches Setting depth: From 250 feet to 260 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 incasing: _____ feet. If telescoped or more than one screen, describe on back

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

Name of organization running log(s): _____

I certify that the well 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 Contractor and License No.

[Signature]
Signature of Water Well Contractor

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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 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____
Well #: K-263
Elevation: _____

County: DESOUD
Permit #: _____
Driller: BOB SMITH
Date completed: 8-18-08

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>GREG TUNON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>980 LANE RD</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>HEMWOOD, MS 38652</u>	<u>1/4 1/4 Sec 1-35 Twn 7-35 Rng 10-2</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 828-6123</u>	<u>4</u> miles <u>S/W</u> of <u>HEMWOOD</u>

Pump Type	Power Type
Circle one	Circle one
Air lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor 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>8-18-08</u>	Setting Depth: <u>135</u> feet
Rated Pump Capacity: <u>12</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8-18-08</u>	circle one
Static Water Level(A): <u>15</u> feet below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level(B): _____ feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>12</u> gallons per Minute	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test(minimum 4 hours): _____ hrs	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

BOB SMITH 0645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer

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Ground Level

Description of Formations Encountered

From To


K-263

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
WHITE CLAY	18	40
GRAVEL	40	65
ROCK	65	66
GREY CLAY	66	170
ROCK	170	171
WHITE CLAY SAND	171	220
WHITE SAND	220	260

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: GREG TUTOR


Signature of Water Well Contractor

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