

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 #: K266

L.S. Elevation: _____

E-Long #: _____

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 8/14/09

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>KEVIN MAXWELL</u> | Latitude: <u>34.49.05</u> "Longitude: <u>90.02.51</u> " |
| Mailing Address: <u>1807th CRANE</u> <u>MANOR</u> <u>HERNANDO, MS 38632</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | SW 1/4 SE 1/4 Sec <u>16</u> Twn <u>T35</u> Rng <u>R8W</u> |
| Telephone No. <u>(601) 496-4564</u> | Distance: <u>3</u> Miles Direction: <u>S/W</u> of Nearest Town: <u>HERNANDO</u> |

Well Data

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

Date well drilling started: 8-14-09 Date well drilling completed: 8-14-09

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 8-14-09

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

Hole Depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout: (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/32 inches Setting depth: From 115 feet to 135 feet

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

Top of lap pipe or reduction casing: _____ 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 of Water Well Contractor

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K266

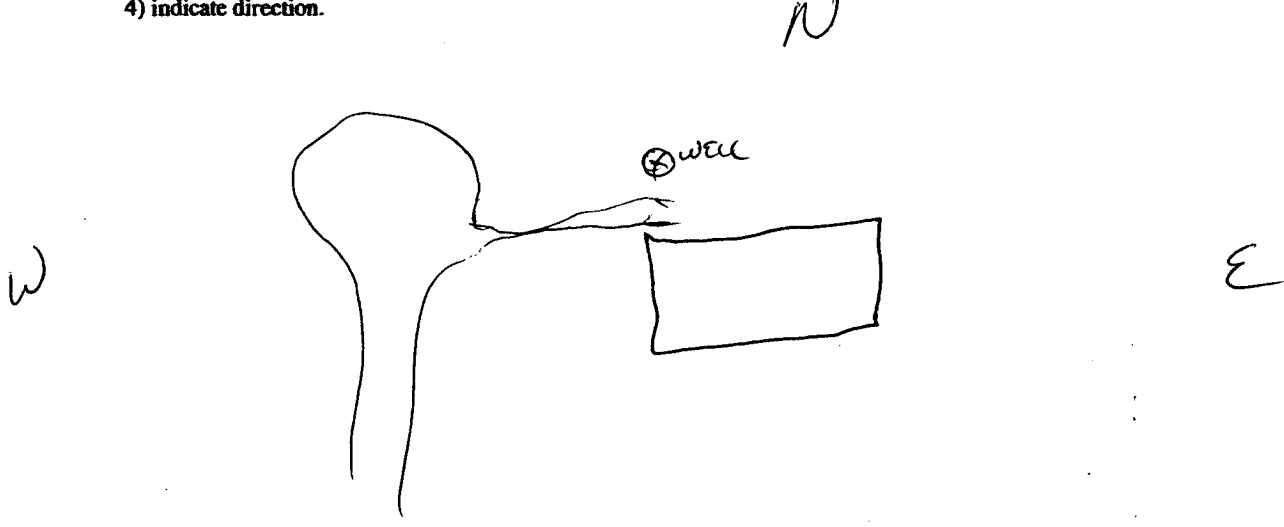
Ground Level

Large empty rectangular box for sketching the well location and property layout.

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 5 |
| BROWN CLAY | 5 | 22 |
| WHITE CLAY | 22 | 60 |
| GRAVEL | 60 | 71 |
| S&P | 71 | 135 |
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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: Kevin Maxwell 5

[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 2309
 Jackson, MS 39225

| | |
|----------------------------|------|
| For Office Use Only | |
| Aquifer: | |
| Well #: | K266 |
| Elevation: | |

| | |
|-----------------|-----------|
| County: | DESOTO |
| Permit #: | |
| Driller: | BOB SMITH |
| Date completed: | 8-14-09 |

This report be prepared by the pump installer 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>KEVIN MAXWELL</u> | Latitude: <u>34-49-05</u> Longitude: <u>90-02-51</u> |
| Mailing Address: <u>OAK GROVE</u> <u>Marion</u> <u>HERNANDO, MS 38632</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad, Hand-held GPS, survey grade GPS |
| City State Zip Code: <u>HERNANDO, MS 38632</u> | <u>SW 1/4 SE 14 Sec 16 T35 R8W</u> |
| Telephone No: <u>(901) 496-4564</u> | Distance: <u>3</u> miles Direction: <u>SW</u> Nearest Town: <u>HERNANDO</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other(specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump installed: <u>8-14-09</u> | Setting Depth: <u>80</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 circle one |
|--|---|
| Date Well Tested: <u>8-14-09</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level(A): <u>55</u> feet below Land Surface | Other(specify): <u>LINE + WEIGHT</u> |
| Rising Water Level(B): _____ feet below Land Surface | |
| Drawdown(B)-(A): _____ feet below Land Surface | For flowing well, measured shut in head: _____ feet |
| Test Pumping Rate: <u>14</u> gallons per minute | Well yielded <u>14</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 of Pump Installer

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