

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: K 271

Well #: _____

L.S. Elevation: _____

E-Long #: _____

County: DEBOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 6-29-10

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>TY SHAPP</u>	Latitude: <u>31°44'00"</u> Longitude: <u>90°3'22"</u>
Mailing Address: <u>273 WHEELER RD</u> <u>HEMNADO MS 38632</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 Sec 3/6 Twn T4S Rng R8W</u>
Telephone No. <u>901 277-1535</u>	Distance: <u>8</u> Miles Direction: <u>S/W</u> of Nearest Town: <u>HEMNADO</u>

Well Data

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

Date well drilling started: 6-29-10 Date well drilling completed: 6-29-10

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-29-10

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

Hole Depth: 153 Well depth: 153 Well grouted to a depth of 10 feet

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

Casing length: 143 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 MW inches Setting depth: From 143 feet to 153 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 [Signature]
 Print name of Water Contractor and License No. 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:	<u>K 271</u>
Well #:	_____
Elevation:	_____

County:	<u>DESOTO</u>
Permit #:	_____
Driller:	<u>BOB SMITH</u>
Date completed:	<u>6-29-10</u>

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>TY STOPP</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>273 WHEATON RD</u> <u>Hammond, Ms 38632</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 5/6 Twp 43 Rng 12W</u>
Telephone No. <u>(901) 227-1535</u>	Distance <u>8</u> miles Direction <u>S/W</u> of Nearest Town <u>Hammond</u>

Pump Type	Power Type
Circle one	Circle one
Air lift Jet <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>1</u>
Date Pump Installed: <u>6-29-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>6-29-10</u>	circle one
Static Water Level(A): <u>50</u> feet below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level(B): _____ feet below Land Surface	Other(specify): <u>LINET WEIGHT</u>
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.

<u>Bob Smith 0645</u> Print Name of Pump Installer and License No.	<u>[Signature]</u> Signature of Pump Installer
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