

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-273

Well #: _____

L.S. Elevation: _____

E-Long #: _____

County: DESBTO
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 8-20-10

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>MICHAEL SHAW</u>	Latitude: <u>34.46.58</u> Longitude: <u>90.05.34</u>
Mailing Address: <u>CHARFORD MD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HEMNADO MS 38632</u>	<u>SW 1/4 NW 1/4 Sec 14-31 Twn 13S Rng 18W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>806 870-6707</u>	<u>7</u> Miles <u>S/W</u> of <u>HEMNADO</u>

Well Data

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

Date well drilling started: 8-20-10 Date well drilling completed: 8-20-10

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 8-20-10

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

Hole Depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 137/1005 inches Setting depth: From 145 feet to 155 feet

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

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 oorganization 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 0-645
Print name of Water Contractor and License No.

[Signature]
Signature of Water Well Contractor

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BY: OLWP

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 273</u>
Well #: _____
Elevation: _____

County: <u>DESOUD</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>8-20-10</u>

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

Well Owner Information	Well Location
Owner Name: <u>MICHAEL SMITH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CRAWFORD RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>HERNANDO MS 38632</u>	<input type="radio"/> USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 13 (Twn 135 Rng 18W)</u>
Telephone No. <u>(901) 870-6707</u>	Distance Direction Nearest Town
	<u>7 miles S/W of HERNANDO</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>8-20-10</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>8-20-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>80</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown((B)-(A)): _____ feet below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> gallons per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test(minimun 4 hours): _____ hrs	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>BOB SMITH 0645</u>	<u>[Signature]</u>
Print Name of Pump Installer and License No.	Signature of Pump Installer

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BY: OLWR

Ground Level

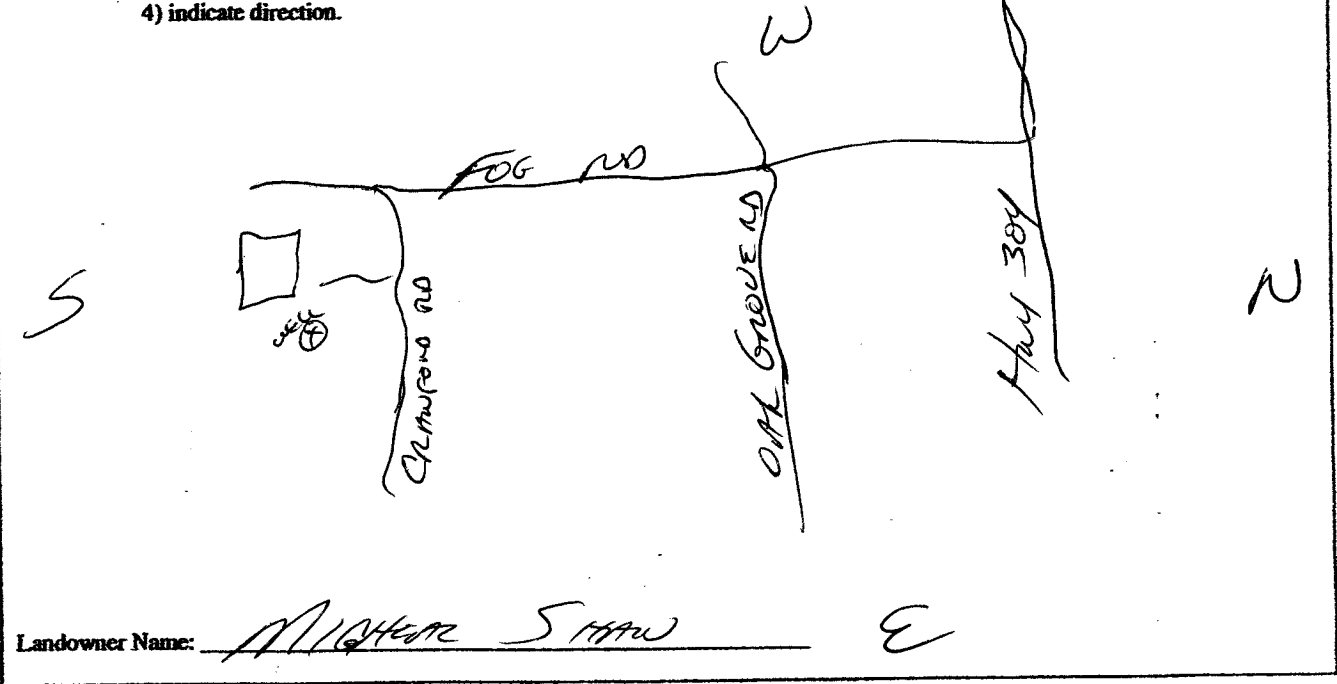
K273
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	2
BROWN CLAY	2	21
RED CLAY	21	30
RED SAND + GRAVEL	30	46
GRAVEL	46	78
WHITE CLAY	78	110
WHITE SAND	110	155

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: MICHAEL STANW

Signature of Water Well Contractor

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