

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 #:	<u>K282</u>
L.S. Elevation:	_____
E-Long #:	_____

County:	<u>DE SOTO</u>
Permit #:	_____
Driller:	<u>BOB SMITH</u>
Date drilling complet:	<u>9-16-12</u>

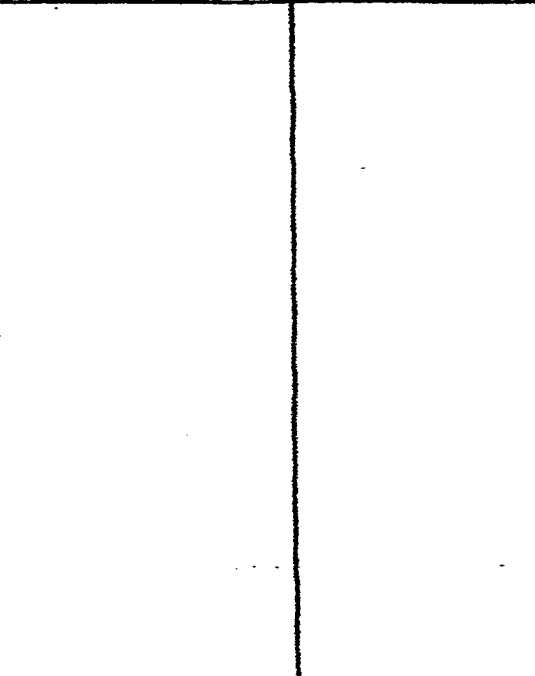
State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JEFF HENISON</u>	Latitude: <u>34°49'20"</u> Longitude: <u>90°03'44"</u>
Mailing Address: <u>Box 40 BANC</u> <u>Ranch HOWLAND</u> <u>HENNING, MS 38632</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE1/4 SE 1/4 Sec 16 T35 R2W</u>
Telephone No. <u>901 461-8526</u>	Distance: <u>4</u> Miles Direction: <u>W</u> of <u>HENNING</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>9-16-12</u> Date well drilling completed: <u>9-16-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-17-12</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>110</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>13 PIOUS.</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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.	
<u>BOB SMITH 0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
RED CLAY + SAND	5	42
RED SAND + GRAVEL	42	70
WHITE CLAY	70	105
WHITE SAND	105	120
WHITE CLAY	120	

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: JEFF HANISON

[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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: K282

Elevation: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date completed: 9-17-12

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>JEFF HENRISON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT 40 BONE MARCH</u> <u>HORN LAKE MS</u> <u>HENRISON, MS. 38632</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4</u> Sec <u>16</u> Twn <u>T35</u> Rng <u>R8W</u>
Telephone No. <u>(901) 461-8526</u>	Distance <u>4</u> miles Direction <u>W</u> Nearest Town of <u>HENRISON</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 1/2</u>
Date Pump Installed: <u>9-17-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>9-17-12</u>	circle one
Static Water Level(A): <u>50</u> feet below Land Surface	Air Line Electric Measuring Line Steel Tape
Rumping 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>28</u> gallons per Minute	Well yielded <u>28</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 0-645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer

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OCT 12 2012

BY: OLWR