

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> K 285 </u>
L.S. Elevation: _____
E-Long #: _____

County: <u> DESCO </u>
Permit #: _____
Driller: <u> BOB SMITH </u>
Date drilling complet: <u> 7-25-12 </u>

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> JEFF BANTAM </u>	Latitude: <u> 3A-47.10 </u> Longitude: <u> 90-05.22 </u>
Mailing Address: <u> 5240 McEWINE </u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u> HENNAW, MS 38632 </u>	NE1/4 NW1/4 Sec N.3 / Twn T35 Rng R8W
City State Zip Code: _____	Distance Direction Nearest Town
Telephone No. <u> (662) 449-5090 </u>	<u> 7 </u> Miles <u> S/W </u> of <u> HENNAW </u>
Well Data	
Purpose of Well (circle one): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other _____	
Date well drilling started: <u> 7-25-12 </u> Date well drilling completed: <u> 7-25-12 </u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u> 70 </u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u> 7-26-12 </u>	
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: <u> LINE + WEIGHT </u>	
Hole Depth: <u> 185 </u> Well depth: <u> 185 </u> Well grouted to a depth of <u> 10 </u> feet	
Type of grout: (circle one): <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u> 165 </u> feet Casing diameter: <u> 4 </u> inches Type of casing: <u> PVC </u>	
Screen length: <u> 20 </u> feet Screen diameter: <u> 4 </u> inches Type of screen: <u> PVC </u>	
Screen slot size: <u> 13 THOUS. </u> inches Setting depth: From <u> 165 </u> feet to <u> 185 </u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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.	
<u> BOB SMITH </u> <u> 0-645 </u>	<u> [Signature] </u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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County: DESOTO
 Permit #: _____
 Dater: BOB SMITH
 Date completed: 7-26-12

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 285
 Elevation: _____

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>JEFF BONITAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5240 ALBUQUERQUE</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey <input type="radio"/> USGS quad, Hand-held GPS, survey grade GPS
<u>HERNANDO, MS 38632</u>	<u>NE1/4 NW1/4 Sec N-3/Twp T-35 Rng R-8W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 449-5690</u>	<u>7 miles S/W of HERNANDO</u>

Pump Type Circle one	Power Type Circle one
Air lift <input type="radio"/> Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>7-26-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: _____ gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>7-26-12</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level(A): <u>70</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping 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>25</u> gallons per Minute	Well yielded <u>25</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 01645 _____
 Print Name of Pump Installer and License No. Signature of Pump Installer

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