

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 #: K290

L.S. Elevation: _____

E-Long #: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 1-26-13

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>JOEY RILEY</u> | Latitude: <u>34°49'16"</u> Longitude: <u>90°03'52"</u> | | | | |
| Mailing Address: <u>4189 SKYLINE DR.</u> <u>HERNANDO MS.</u> <u>38632</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 047 Twn 13S Rng 18W</u> | | | | |
| City: <u>99</u> State: <u>496-8859</u> Zip Code: _____ | Distance: <u>4</u> Miles | Direction: <u>W</u> of Nearest Town: <u>HERNANDO</u> | | | |
| Telephone No.: | | | | | |

Well Data

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

Date well drilling started: 1-26-13 Date well drilling completed: 1-28-13

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 1-28-13

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

Hole Depth: 137 Well depth: 137 Well grouted to a depth of 10 feet

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

Casing length: 117 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/8" T&U.S. inches Setting depth: From 117 feet to 137 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 0-645
Print name of Water Contractor and License No.

[Signature] FEB 13 2013
Signature of Water Well Contractor

BY: OCAN

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 #: K290

Elevation: _____

| |
|--------------------------------|
| County: <u>DESOTO</u> |
| Permit #: _____ |
| Driller: <u>BOB SMITH</u> |
| Date completed: <u>1-28-13</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>JOEY ALLEY</u> | Latitude: <u>34-49-16</u> Longitude: <u>90-03-52</u> |
| Mailing Address: <u>4189 SKYLINE DR.</u> <u>HERNANDO, MS.</u> <u>38632</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, survey grade GPS</u> |
| City State Zip Code | NE 1/4 SE 1/4 Sec <u>14</u> Twn <u>T35</u> Rng <u>R2W</u> |
| Telephone No. <u>(921) 496-8859</u> | Distance <u>4</u> miles Direction <u>W</u> Nearest Town of <u>HERNANDO</u> |

| Pump Type Circle one | Power Type 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>1/2</u> |
| Date Pump Installed: <u>1-28-13</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 circle one |
|--|---|
| Date Well Tested: <u>1-28-13</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level(A): <u>50</u> feet below Land Surface | Other(specify): <u>LINE + WEIGHT</u> |
| Pumping 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>28</u> GPM with a drawdown of _____ |
| Test Pumping Rate: <u>28</u> gallons per Minute | _____ 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 0-645</u> Print Name of Pump Installer and License No. | Signature of Pump Installer |

RECEIVED

FEB 13 2013

BY: OLWR

