

# 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 #: K293  
L.S. Elevation: \_\_\_\_\_  
E-Long #: \_\_\_\_\_

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 4-21-13

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>Danny Burns</u>	Latitude: <u>34° 44' 37"</u> Longitude: <u>90° 03' 44"</u>
Mailing Address: <u>4160 Wheeler Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HEMLOCK MS 38632</u>	SE 1/4 SE 1/4 Sec. <u>8</u> T. <u>46</u> R. <u>12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901 490-9308</u>	<u>4</u> Miles <u>N/W</u> of <u>COLDWATER</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other <u>WINDMILL</u>	
Date well drilling started: <u>4-21-13</u> Date well drilling completed: <u>4-21-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-22-13</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) Cement <u> Bentonite </u> Mix	
Casing length: <u>130</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 THOUS.</u> inches Setting depth: From <u>130</u> feet to <u>140</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 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.	
<u>BOB SMITH A-645</u>	<u>[Signature]</u> MAY 14 2013
Print name of Water Contractor and License No.	Signature of Water Well Contractor

BY: OLWR

# 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 #: 12293  
 Elevation: \_\_\_\_\_

County: DESBORO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 4-22-13

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>DANNY BOWEN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4160 WHEELER</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>HEMONO, MS 38632</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 5 Twn 14 Rng 18W</u>
Telephone No. <u>(901) 490-9308</u>	Distance _____ miles Direction <u>N/W</u> of <u>BOULDER</u>

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

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level(A): <u>60</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>12</u> GPM with a drawdown of _____ feet after <u>24</u> hours of pumping
Test Pumping Rate: <u>12</u> gallons per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> 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 of Pump Installer

RECEIVED  
 MAY 14 2013  
 BY: OLWR

