

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 #: K 297

L.S. Elevation: _____

E-Log #: _____

County: <u>DE SOTO</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>12-18-13</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>MYRON BETTS</u>	Latitude: <u>34° 47.38</u> Longitude: <u>90° 05.24</u>
Mailing Address: <u>4403 FOGG RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> DSGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>HERNANDO MS 38632</u>	<u>SW 1/4 NE 1/4 Sec 11-30 Twn 135 Rng R2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 429-5684</u>	<u>5 Miles S/W of HERNANDO</u>
Well Data	
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____	
Date well drilling started: <u>12-18-13</u> Date well drilling completed: <u>12-18-13</u>	
If flowing, method of flow regulation: <u>Valve</u> Other (describe): _____	
Static Water Level: <u>90</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>12-18-13</u>	
Method of Measurement (circle one) <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input checked="" type="radio"/> other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>179</u> Well depth: <u>179</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>169</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>169</u> feet to <u>179</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underscreened <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> 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="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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 D-645</u>	
Print name of Water Contractor and License No.	Signature of Water Well Contractor

- 10.184
34.744

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 297

Elevation: _____

County: DESOUD
Permit #: _____
Driller: Bob Smith
Date completed: 12-18-13

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>MYRON BETS</u>	Latitude: <u>34° 47' 38"</u> Longitude: <u>-90° 5' 2.4"</u>
Mailing Address: <u>4403 FOGG RD</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>HERNANDO, MS 38632</u>	<u>S01 1/4 14 1/4 Sec 14-30 Twn T35 Rng R2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 429-5684</u>	<u>5</u> miles <u>S/W</u> of <u>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>12-18-13</u>	Setting Depth: <u>120</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>12-18-13</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): _____ 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>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</u> gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

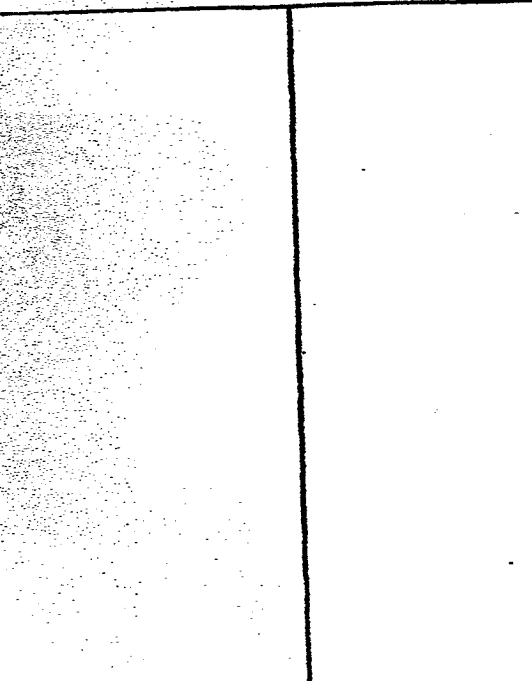
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bob Smith 0-645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer

If well telescopes please sketch below and show depths.

Ground Level _____



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	12
RED SAND + CLAY	12	45
GRAY CLAY	45	140
ROCK	140	141
WHITE CLAY + SAND	141	160
WHITE SAND	160	179

If more than one screen, show location of each on sketch

