

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 #: L-125

L.S. Elevation: _____

E-Long #: _____

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 11-24-08

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>William Parker</u> | Latitude: _____ "Longitude: _____" |
| Mailing Address: <u>5050 MINNIE</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>HERNANDO, MS 38652</u> | <u>1/4 1/4 Sec 0-35 Twn 135 Rng R7W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>662 429-7090</u> | <u>4 Miles S of HERNANDO</u> |

Well Data

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

Date well drilling started: 11-24-08 Date well drilling completed: 11-24-08

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 11-25-08

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

Hole Depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS inches Setting depth: From 135 feet to 155 feet

Type of completion (circle all applicable):
 Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): WASHED SAND

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 0645
Print name of Water Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED

DEC 10 2008

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 #: | <u>L-125</u> |
| Elevation: | _____ |

| | |
|-----------------|------------------|
| County: | <u>DESOTO</u> |
| Permit #: | _____ |
| Driller: | <u>BOB SMITH</u> |
| Date completed: | <u>11-25-08</u> |

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

| | |
|--|---|
| Well Owner Information Owner Name: <u>WILLIAM PARKER</u> Mailing Address: <u>5050 McINIRE</u> <u>HERNANDO, MS. 38632</u> City State Zip Code Telephone No. <u>(662) 429-7090</u> | Well Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 035 Twn T35 Rng R2W</u> Distance Direction Nearest Town <u>4</u> miles <u>S</u> of <u>HERNANDO</u> |
|--|---|

| | |
|---|---|
| Pump Type Circle one Air lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-25-08</u> Rated Pump Capacity: <u>20</u> gallons per min | Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other(specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>80</u> feet Number of Stages: <u>14</u> |
|---|---|

| | |
|---|---|
| Pump Test Data Date Well Tested: <u>11-25-08</u> Static Water Level(A): <u>75</u> feet below Land Surface Rumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>24</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs | Method of Measuring Water Level circle one Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>24</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
|---|---|

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

Bob Smith 0645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer

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DEC 10 2008
BY: OLWR

