

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:	<u>L 127</u>
Well #:	_____
L.S. Elevation:	_____
E-Long #:	_____

County:	<u>DESOUD</u>
Permit #:	_____
Driller:	<u>BOB SMITH</u>
Date drilling complet:	<u>7-17-10</u>

State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>ROBERT FOSTER</u>	Latitude: <u>34.44.51</u> "Longitude: <u>89.48.55</u> "
Mailing Address: <u>314 W. 11th 8 LOUC RD HERNANDO, MS 38630</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec. 37 Twn <u>7</u> Rng <u>R7W</u></u>
City State Zip Code: <u>HERNANDO MS 38630</u>	Distance Direction Nearest Town <u>2.8</u> Miles <u>S</u> of <u>HERNANDO</u>
Telephone No. <u>601 359-2540</u>	
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other _____	
Date well drilling started: <u>7-17-10</u> Date well drilling completed: <u>7-17-10</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>108</u> feet above or below (circle one) land surface Date measured: <u>7-17-10</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE WEIGHT</u>	
Hole Depth: <u>240</u> Well depth: <u>240</u> Well grouted to a depth of <u>0</u> feet	
Type of grout: (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>200</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>1/32</u> inches Setting depth: From <u>220</u> feet to <u>240</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 0645</u> Print name of Water Contractor and License No.	<u>[Signature]</u> Signature of Water Well Contractor

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BY: [Signature]

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: <u>L 127</u>	
Well #: _____	
Elevation: _____	

County: <u>DESOUDER</u>
Permit #: _____
Driller: <u>BOB SMOK</u>
Date completed: <u>7-17-10</u>

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>ROBERT FOSTER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8 LOVE RD</u> <u>HEARND MS 38637</u> City State / Zip Code	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> survey grade GPS
Telephone No. <u>981 359-2540</u>	1/4 ___ 1/4 Sec <u>17</u> Twn <u>14S</u> Rng <u>R2W</u> Distance Direction Nearest Town <u>7</u> miles <u>S</u> of <u>HEARND</u>

Pump Type	Power Type
Circle one	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>2</u>
Date Pump Installed: <u>7-17-10</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>25</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>7-17-10</u>	circle one
Static Water Level(A): <u>108</u> feet below Land Surface	Air Line Electric Measuring Line Steel Tape
Rumping Water Level(B): _____ feet below Land Surface	Other(specify): <u>LINE WEIGHT</u>
Drawdown((B)-(A)): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>40</u> gallons per Minute	Well yielded <u>40</u> GPM with a drawdown of _____
Duration of Pump Test(minimum 4 hours): _____ hrs	feet after _____ hours of pumping

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

<u>BOB SMOK 0645</u> Print Name of Pump Installer and License No.	<u>[Signature]</u> Signature of Pump Installer
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JUL 28 2010

BY: OLIVER

