

# 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 #: L133

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: <u>DESOTO</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>6-19-12</u>

State Law requires that this report be prepared by the driller 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>Jenny OLIVER</u>	Latitude: <u>34° 46' 48"</u> Longitude: <u>89° 57' 27"</u>
Mailing Address: <u>1800 SLOCUM RD</u>	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
<u>HERNANDO, MS 38632</u>	<u>SE 1/4 NE 1/4 Sec 033 Twn 135 Rng RLW</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: <u>32</u> Nearest Town: _____
Telephone No. <u>(662) 429-5651</u>	<u>4</u> Miles <u>S/E</u> of <u>HERNANDO</u>

**Well Data**

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

Date well drilling started: 6-19-12 Date well drilling completed: 6-19-12

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

Static Water Level: 60 feet above or  below (circle one) land surface Date measured: 6-20-12

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

Hole Depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout: (circle one)  Cement  Bentonite  Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS. inches Setting depth: From 140 feet to 150 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.

<u>BOB SMITH</u> <u>0-645</u>	<u>[Signature]</u> <u>7/11/2012</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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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

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Aquifer: \_\_\_\_\_

Well #: L133

Elevation: \_\_\_\_\_

County: <u>DESOTO</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>6-20-12</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>Jenny OLIVER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1880 SLOCUM RD</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> survey grade GPS
<u>HERNANDO MS 38630</u>	<u>SE1/4 NE1/4 Sec 23 Twn 73S Rng R 7W</u>
City State Zip Code	32
Telephone No. <u>(662) 429-5651</u>	Distance Direction Nearest Town <u>4 miles S/E of 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>1 1/2</u>
Date Pump Installed: <u>6-20-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>6-20-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>70</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>26</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>26</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.	
<u>Bob Smith 0645</u>	
Print Name of Pump Installer and License No.	Signature of Pump Installer

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JUL 11 2012

BY: OLWR

