

526

State Well Report Part 1

For Office Use Only:

County: DESO
 Permit #: Smith Well Drilling
 Driller: BOB Smith
 Date drilling completed: 7-27-04

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

Aquifer: _____
 Well #: M-136
 L. S. Elevation: _____
 E-log #: _____

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>Richard Bruno</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>CONARIE LANE</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>HERNANDO MS. 38632</u> | <u>1/4 1/4 Sec P22 Twn T35 Rng R6 W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 449-2983</u> | <u>1</u> Miles <u>WEST</u> of <u>COCKRUM</u> |

Well Data

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BY: OLWR

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

Date well drilling started: 7-27-04 Date well drilling completed: 7-27-04

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 7-27-04

Method of Measurement (circle one) steel tape electric tape air line other: _____

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: 14 Tubs. 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): WASHED SAND

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was 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.

SMITH ROBERT C 0-645
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: M-136

Elevation: _____

County: DESOTO
 Permit #: _____
 Driller: ROB SMITH
 Date completed: 7-27-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---------------------------------------|-----------------------------------------------------------------------------------------------------|
| Owner Name: <u>Richard Bruno</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>CONCRETE LANE</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>HELMWOOD MS 38632</u> | <u>1/4</u> <u>1/4</u> Sec <u>P-22</u> Twn <u>T-35</u> Rng <u>R-6W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 449-2983</u> | <u>1</u> Miles <u>W</u> of <u>GERNUM</u> |

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| Pump Type Circle one | Power Type Circle one |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine <input type="radio"/> <input type="radio"/> <u>Natural Gas</u> |
| Bucket Piston Turbine <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO <input type="radio"/> |
| Centrifugal Rotary Flowing Well <input type="radio"/> <input type="radio"/> <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>7-27-04</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>12</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>7-27-04</u> | Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>73</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface | Well yielded <u>16</u> GPM with a drawdown of |
| Test Pumping Rate: <u>16</u> Gallons Per Minute | <u>3</u> feet after <u>5</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>5</u> hours | |

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

ROBERT C SMITH 0-645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

If well telescopes please sketch below and show depths.

Ground Level

M-136

Description of Formations Encountered

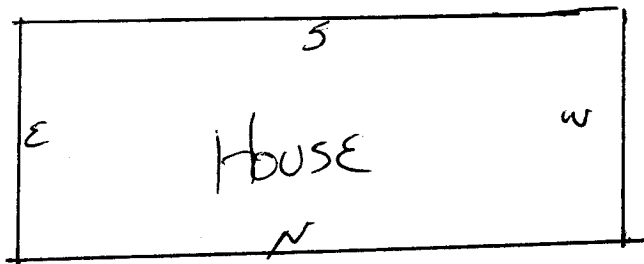
From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 5 |
| BROWN CLAY | 5 | 40 |
| RED CLAY | 40 | 55 |
| RED SAND GRAVEL | 55 | 70 |
| WHITE CLAY | 70 | 125 |
| WHITE SAND | 125 | 150 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

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WEST

WELL
X

POWER LINES

CORNELL LANE

Landowner Name: RICHARD BURRO

[Signature]
 Signature of Water Well Contractor