

State Well Report

Part 1

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-157
L. S. Elevation: _____
E-log #: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 5-28-05

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>JACKIE TODD</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2481 PROHARR RD</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 P-29 Twn T-35 Rng R6W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 233-1484</u> | <u>4</u> Miles <u>W</u> of <u>COCHAUM</u> |

Well Data

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

Date well drilling started: 5-28-05 Date well drilling completed: 5-28-05

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

Static Water Level: 103 feet above or below (circle one) land surface Date measured: 5-28-05

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PC

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

Screen slot size: 1/470005 inches Setting depth: From 145 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 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.

BOB SMITH 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-157

Elevation: _____

County: DESOTO
 Permit #: _____
 Driller: ROB SMITH
 Date completed: 5-28-05

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>JACKIE TODD</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>7484</u> <u>ALPHABA, AL.</u> <u>HEMARD, MS 38032</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec P-29 Twn T-35 Rng R6W</u> |
| Telephone No. <u>662 233-1484</u> | Distance Direction Nearest Town <u>4 Miles W of Cockburn</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>5-28-05</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>5-28-05</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>103</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>107</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface | Well yielded <u>14</u> GPM with a drawdown of |
| Test Pumping Rate: <u>14</u> Gallons Per Minute | <u>4</u> feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

ROB SMITH 0-645 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

If well telescopes please sketch below and show depths.

M-157

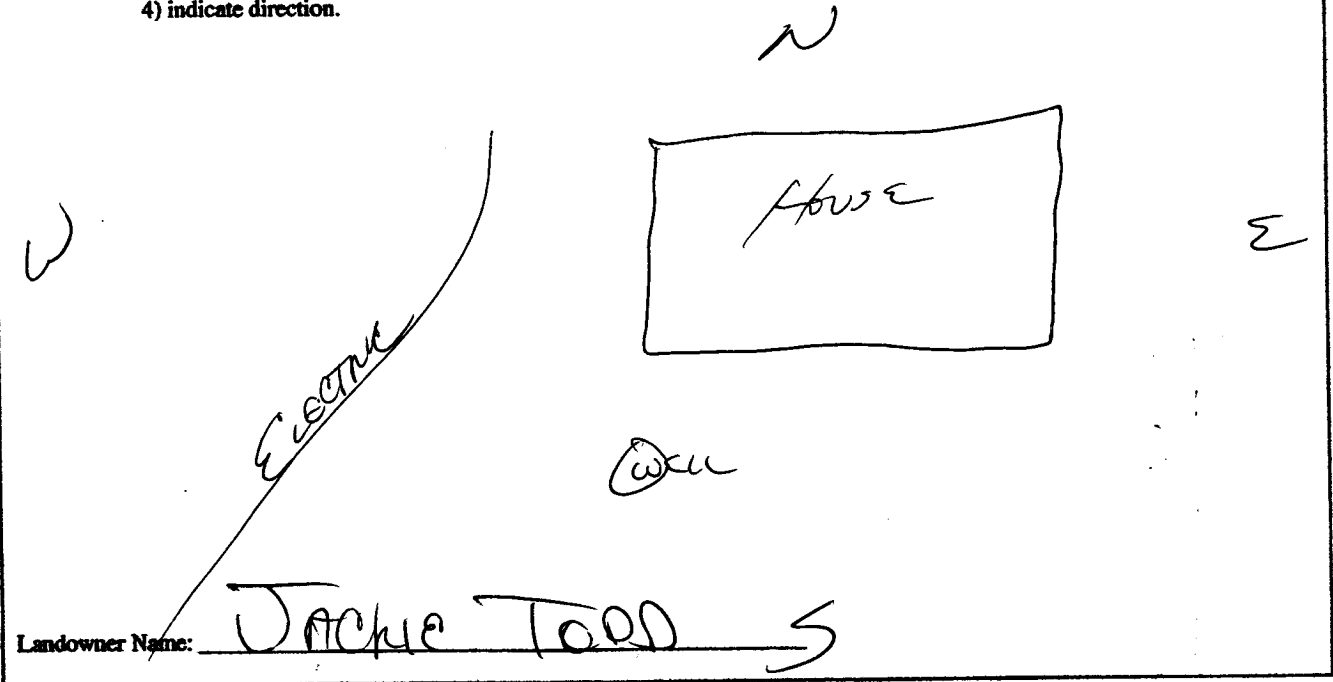
Ground Level

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| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 5 |
| BROWN CLAY | 5 | 27 |
| RED CLAY | 27 | 46 |
| GRAVEL | 46 | 63 |
| SAND - PEA GRAVEL | 63 | 90 |
| WHITE CLAY + SAND | 90 | 130 |
| WHITE SAND | 130 | 155 |
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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.




 Signature of Water Well Contractor