

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-179
L. S. Elevation: _____
E-log #: _____

County: DESOUD
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 1-22-06

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.

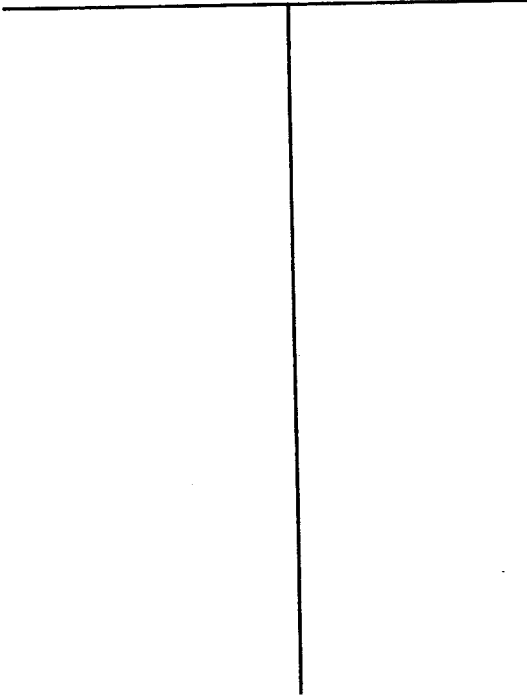
Well Owner Information	Well Location
Owner Name: <u>LARRY DOW</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>405 GOLDEN WAY</u> <u>COLUMBIANA, MS.</u> <u>38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>T35</u> Rng <u>R5W</u>
Telephone No. <u>(901) 347-0488</u>	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>WATSON</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>1-22-06</u> Date well drilling completed: <u>1-22-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>76</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-22-06</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>136</u> Well depth: <u>136</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>126</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>14 THOUS.</u> inches Setting depth: From <u>126</u> feet to <u>136</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): <u>WASHED SAND</u>	
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.	
Print Name of Water Well Contractor and License No. <u>BOB SMITH 0-645</u>	Signature of Water Well Contractor <u>[Signature]</u>

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M-179

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	37
WHITE CLAY	37	68
WHITE CLAY SAND	68	116
WHITE SAND	116	136

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.

Landowner Name: LARRY DAY

[Signature]
 Signature of Water Well Contractor

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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-179
 Elevation: _____

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 1-22-06

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>LARRY DAY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>405 GOLDEN WAY</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clowdenny, MS. 38618</u>	_____ ¼ _____ ¼ Sec <u>28</u> Twn <u>T35</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 347-0488</u>	<u>2</u> Miles <u>W</u> of <u>WATSON</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<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>1-22-06</u>	Setting Depth: <u>100</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>1-22-06</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>76</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>79</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>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>3</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.

BOB SMITH 0-645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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