

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 #: M-275
L.S. Elevation:
E-Long #:

County: DE SOTO
Permit #:
Driller: BOB SMITH
Date drilling complet: 1-6-09

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 and Well Location section containing fields for Owner Name (Gary Adkins), Mailing Address (124 Golden Pond Dr., Columbia, MS 38618), Telephone No. (601) 622-0544, Latitude, Longitude, Method of Lat/Long (Conventional Survey), and Distance/Direction (3 Miles W of Cockrum).

Well Data section containing fields for Purpose of Well (Home), Date well drilling started/completed (1-6-09), Static Water Level (110 feet above or below land surface), Method of Measurement (LINE + WEIGHT), Hole Depth (155 feet), Type of grout (Cement), Casing length/diameter (145 feet / 4 inches), Screen length/diameter (10 feet / 4 inches), Screen slot size (13 THOUS inches), and Type of completion (WASHED SAND).

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.
Signature: Bob Smith 0645
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 2309
Jackson, MS 39225

For Office Use Only
Aquifer: _____
Well #: <u>M-275</u>
Elevation: _____

County: <u>DESOUD</u>
Permit #: _____
Driller: <u>Bob Smith</u>
Date completed: <u>1-6-09</u>

This report be prepared by the pump installer 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>Gary Adams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>124 Golden Pond Dr. Greenwood, MS 38628</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 29 Twn 35 Rng R6W</u>
Telephone No. <u>(662) 622-0544</u>	Distance Direction Nearest Town <u>3 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>1</u>
Date Pump Installed: <u>1-6-09</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>8</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>1-6-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>110</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>11</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>11</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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M-275

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	28
GRAVEL	28	70
WHITE CLAY	70	108
WHITE SAND	108	155

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: GARY AOKINS N

[Signature]
 Signature of Water Well Contractor

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