

Desoto

County: DESOTO
 Permit #:
 Driller: Wilson Well Co.
 Date drilling completed: 11-8-10

State Well Report
Part I - Driller's Log
 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: M 284
 Well #:
 L. S. Elevation:
 E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ruben Williams</u> Mailing Address: <u>P.O. Box 941</u> <u>ARLINGTON</u> TN <u>38002</u> City State Zip Code Telephone No. <u>(501) 258-8820</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 46' 56"</u> Longitude: <u>89° 51' 19"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 32 Twn T35 Rng R6W</u> Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>COCKRUM</u></p>
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Well / Borehole Data

Date drilling started: 11-8-10 Date drilling completed: 11-8-10 Hole depth: 155' Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY
 Method of dosing and volume of Chlorine used in drilling and development: 50 ppm 2.12oz

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
 Name of organization running log(s):

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 11-8-10

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

Well depth: 155 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: Plastic PVC

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

Screen slot size: .010 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):

Top of lap pipe or reduction in casing: NA feet *If telescoped or more than one screen, describe on next page*

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)

County: Mississippi
 Permit #: 666
 Driller: Wilson Well Co.
 Date completed: 11-8-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>RUCH BUILDERS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 941</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Amherst</u> <u>TN</u> <u>38002</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>32</u> T <u>735</u> R <u>R6W</u>
Telephone No. <u>(901) 258-8820</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>SW</u> of <u>Cockrum</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 HP</u>
Date Pump Installed: <u>11-8-10</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>12-14</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-8-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>A/C Plastic Pipe</u>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12-14</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Rodney Wilson -0418 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer