

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: M 295

Well #: _____

L.S. Elevation: _____

E-Long #: _____

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 4-19-11

State Law requires that this report be prepared by the driller in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>MARY BIEN</u> Mailing Address: <u>6982 HOLLY SPRING RD</u> <u>HEUNTERDOWNS, MS 38630</u> City State Zip Code Telephone No. <u>(662) 233-4651</u>	Latitude: <u>34° 47' 24"</u> Longitude: <u>89° 51' 43"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS <u>5W 1/4 5W 1/4 Sec 29 Twn 135 Rng 12-6W</u> Distance Direction Nearest Town <u>4 Miles W of COCKRUM</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>4-19-11</u> Date well drilling completed: <u>4-19-11</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>10</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-19-11</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINER WEIGHT</u>	
Hole Depth: <u>80</u> Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/27105</u> inches Setting depth: From <u>60</u> feet to <u>80</u> feet	
Type of completion (circle all applicable):	
<u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
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.	
Print name of Water Contractor and License No. <u>BOB SMITH 0645</u>	Signature of Water Well Contractor <u>BOB SMITH</u>

MAR 10 2011

BY OLIVE

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 #: _____
Elevation: _____

County: DESOUD
Permit #: _____
Driller: Bob Smart
Date completed: 4-19-11

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Mary Riem</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6987 HOLLY SPRING RD AUMON, MS 38633</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) 233-4651</u>	Distance Direction Nearest Town <u>4</u> miles <u>W</u> of <u>COCKAWM</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <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>4-19-11</u>	Setting Depth: <u>30</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>4-19-11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>10</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping 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>16</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>16</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.

Bob Smart 0645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer

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MAY 09 2011

134-031011

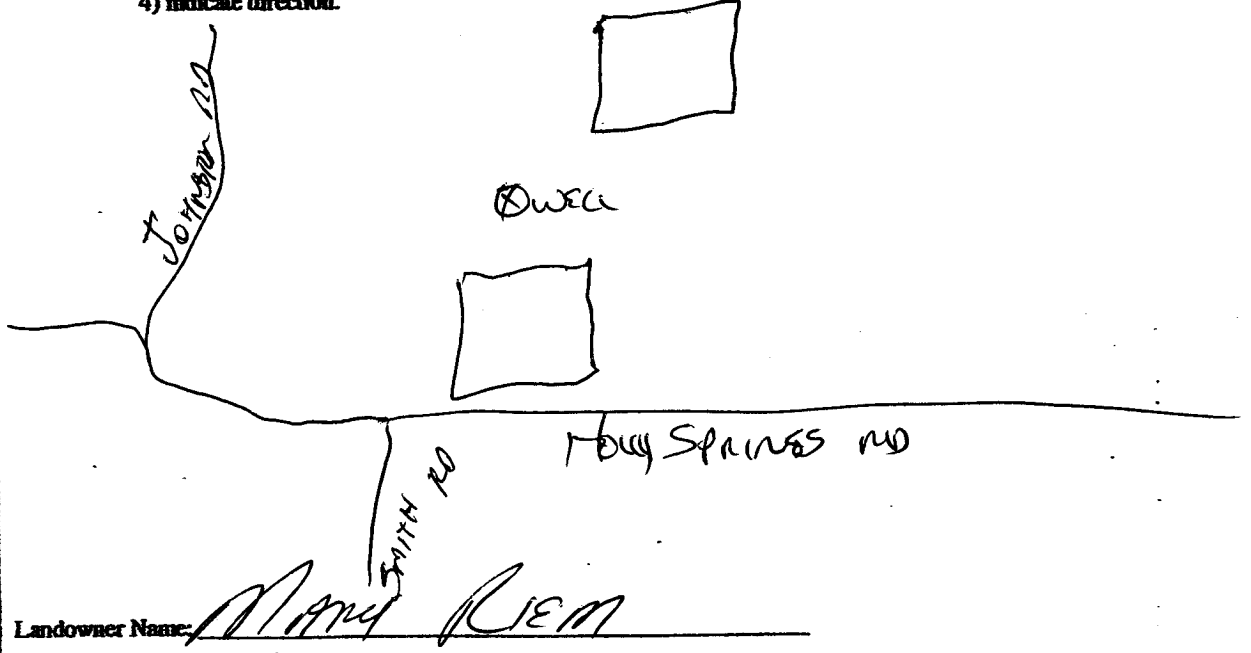
Ground Level

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Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
WHITE CLAY	18	40
WHITE SAND	40	80

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: [Signature]

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