

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 307

L.S. Elevation: _____

E-Long #: _____

County: Desoto
 Permit #: _____
 Driller: Bob Smoot
 Date drilling complet: 9-30-11

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>JACK TODD</u>	Latitude: <u>34.47.19</u> Longitude: <u>89.51.38</u>
Mailing Address: <u>7484 ALPHABETA</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COCKERMILL MS 38618</u>	<u>SW1/4 SW 1/4 Sec 29 Twn T36 Rng R6W</u> ✓
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 233-1484</u>	<u>3 Miles W of COCKERMILL</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>9-30-11</u> Date well drilling completed: <u>9-30-11</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>95</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>10-2-11</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>168</u> Well depth: <u>168</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>148</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>13 THOUS.</u> inches Setting depth: From <u>148</u> feet to <u>168</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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.	
<u>Bob Smoot</u> <u>0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	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 #:	M 307
Elevation:	_____

County:	DESOTO
Permit #:	_____
Driller:	BOB SMITH
Date completed:	10-2-11

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: JACK TODD	Latitude: _____ Longitude: _____
Mailing Address: 7484 ALPHABA	Method of Lat/Long (circle one): Conventional Survey
_____	USGS quad, Hand-held GPS, survey grade GPS
_____	1/4 1/4 Sec 29 Twn T35 Rng R6W
City State Zip Code	Distance Direction Nearest Town
Telephone No. (662) 233-1484	3 miles W of ROCKWELL

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: 1 1/2
Date Pump Installed: 10-2-11	Setting Depth: 120 feet
Rated Pump Capacity: 20 gallons per min	Number of Stages: 13

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: 10-2-11	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): 95 feet below Land Surface	Other(specify): LINE + WEIGHT
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 24 GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: 24 gallons per Minute	
Duration of Pump Test(minimun 4 hours): _____ hrs	

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

BOB SMITH 0645	
Print Name of Pump Installer and License No.	Signature of Pump Installer

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Ground Level

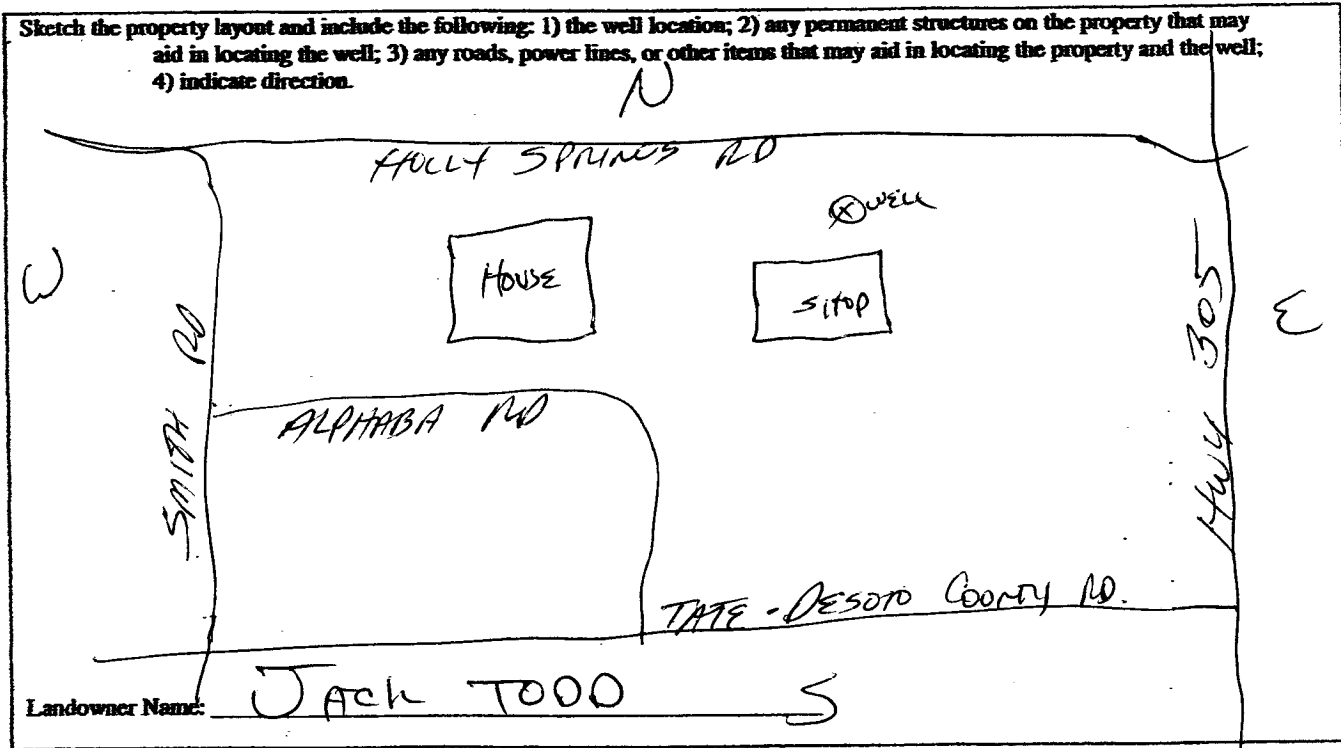
Description of Formations Encountered

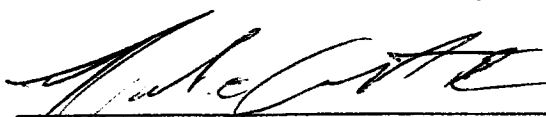
From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
YELLOWISH CLAY	18	36
RED SAND & GRAVEL	36	46
ROCK	46	47
WHITE CLAY	47	119
WHITE SAND	119	168

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

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