

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 311
L.S. Elevation: _____
E-Long #: _____

County: DESOTO
Permit #: _____
Driller: Bob Smrat
Date drilling complet: 5-11-12

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>RICHARD WATTS</u>	Latitude: <u>34.47.13</u> Longitude: <u>89.49.01</u>
Mailing Address: <u>9696 FOX HILL DR.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>1 HENNINGTON, MS 38633</u>	<u>NW 1/4 NE 1/4 Sec 34 T29N R35E</u> <input checked="" type="checkbox"/> Englow
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(662) 233-4908</u>	<u>1</u> Miles <u>S/W</u> of <u>COCKRUM</u>

Well Data

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

Date well drilling started: 5-1-12 Date well drilling completed: 5-11-12

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 5-12-12

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole Depth: 210 Well depth: 210 Well grouted to a depth of 10 feet

Type of grout: (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS. inches Setting depth: From 180 feet to 210 feet

Type of completion (circle all applicable):
 Gravel packed 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.

Bob Smrat 0-645 [Signature]
 Print name of Water Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

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 #: M311
Elevation: _____

County: DESOUD
Permit #: _____
Driller: BOB SMITH
Date completed: 5-12-12

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>RICHARD WATTS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9696 Fox Hill Dr.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>HERNANDO, MS 38632</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 27 Twn 13S Rng 16W</u>
Telephone No. <u>(662) 233-4908</u>	Distance _____ miles Direction <u>3A</u> Nearest Town <u>of Rockum</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>5</u>
Date Pump Installed: <u>5-12-12</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>80</u> gallons per min	Number of Stages: <u>14</u>

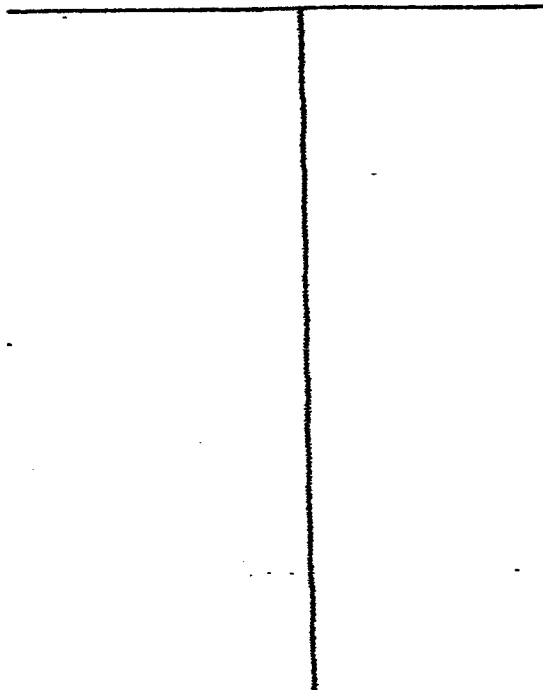
Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>5-12-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): _____ feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown((B)-(A)): _____ feet below Land Surface	Well yielded <u>90</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>90</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 SMITH 0645 _____
Print Name of Pump Installer and License No. Signature of Pump Installer

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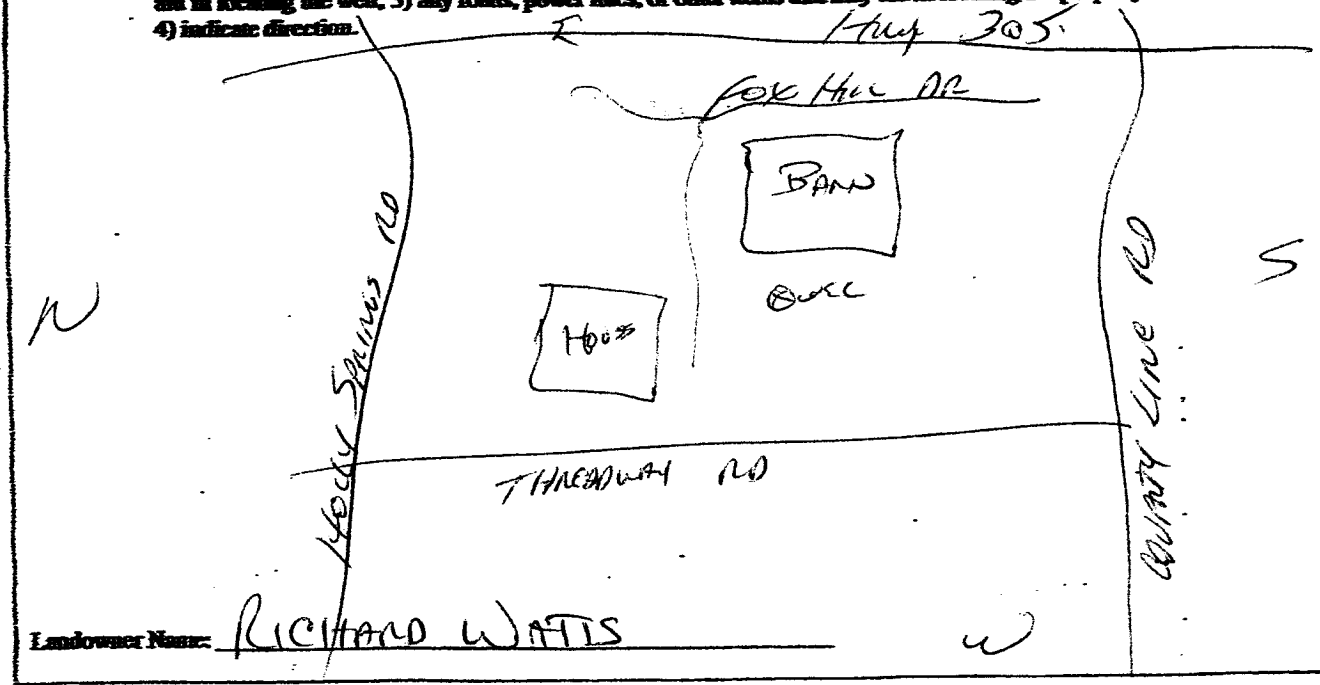
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	12
RED CLAY + SAND	12	62
GRAVEL	62	80
WHITE CLAY	80	120
CLAY WHITE SAND	120	160
WHITE SAND	160	180
SAND	180	210

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:

RICHARD WATIS

[Handwritten Signature]
 Signature of Water Well Contractor

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