

# 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 #: M330  
L.S. Elevation: \_\_\_\_\_  
E-Long #: \_\_\_\_\_

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 10-12-13

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>BRYAN KELAN</u>	Latitude: <u>34° 48' 01"</u> Longitude: <u>89° 47' 26"</u>
Mailing Address: <u>13435 Holly Springs Rd</u> <u>Hammond, MS 38632</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 NW 1/4 Sec 25 Twn 13S Rng 25W 6W
Telephone No. <u>(901) 461-8526</u>	Distance: <u>1/8</u> Miles Direction: <u>E</u> of <u>INGRAMS MILL</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>10-12-13</u> Date well drilling completed: <u>10-12-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70</u> feet above or below (circle one) land surface Date measured: <u>10-12-13</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): Cement <u>Reactive</u> Mix	
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/27000</u> inches Setting depth: From <u>130</u> feet to <u>140</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.	
<u>BOB SMITH 0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

# 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 39226

For Office Use Only

Aquifer: \_\_\_\_\_  
Well #: M330  
Elevation: \_\_\_\_\_

County: DESO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 10-12-13

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>BRYAN KELAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>13435 Holly Springs Rd</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>Henrico, MS 38632</u>	<u>1/4 1/4 Sec 248 Twn 135 Rng 1250 EW</u>
City State Zip Code	Distance <u>18</u> miles Direction <u>E</u> Nearest Town <u>of INGRAMS MILL</u>
Telephone No. <u>(901) 461-8526</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>1 1/2</u>
Date Pump Installed: <u>10-12-13</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>10-12-13</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>70</u> feet below Land Surface	Other(specify): <u>LINE &amp; WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	
Drawdown((B)-(A)): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>25</u> gallons per Minute	Well yielded <u>25</u> GPM with a drawdown of _____ feet after _____ hours of pumping
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 0-645  
Print Name of Pump Installer and License No.

[Signature]  
Signature of Pump Installer

RECEIVED

BY [Signature]

M330

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	20
WHITE CLAY	20	70
WHITE SAND & CLAY	70	110
WHITE SAND	110	140

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: BRYAN KELLAN

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Holly Springs Rd to HEARNED ←