

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. 334

L.S. Elevation: _____

E-Long #: _____

County: DESOTO

Permit #: _____

Driller: BOB SMITH

Date drilling complet: 12-2-13

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>34-47-49</u> Longitude: <u>89-41-17</u>	
Mailing Address: <u>14140 WINDING VALLEY</u>		Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Henrieville, MS 38668</u>		<u>1/4 1/4 Sec 29 Twn 13 S Rng R5W</u>	
City	State	Zip Code	Distance <u>2</u> Miles <u>W</u> Direction <u>W</u> of <u>WATSON</u> Nearest Town
Telephone No. <u>(901) 461-8526</u>			
Well Data			
Purpose of Well (circle one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other _____			
Date well drilling started: <u>12-2-13</u>		Date well drilling completed: <u>12-2-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>50</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>12-2-13</u>			
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input checked="" type="checkbox"/> other: <u>LINER + WEIGHT</u>			
Hole Depth: <u>136</u>		Well depth: <u>136</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix			
Casing length: <u>116</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>116</u> feet to <u>136</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 <input type="checkbox"/> Other (describe): _____			
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back			
Logs run (circle one): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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	

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89.738 89 44 17
24.797 34 47 49

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 334

Elevation: _____

County: <u>DESOLO</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>12-2-13</u>

This report be prepared by the pump installer 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 KELLAN</u> Mailing Address: <u>14140 WINDING VALLEY</u> <u>Hebama, MS 38668</u> City State Zip Code Telephone No. <u>(901) 461-8526</u>	Latitude: <u>34° 47' 49"</u> Longitude: <u>-89° 44' 17"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, survey grade GPS <u>SE 1/4 NW 1/4 Sec 21 Twn 135 Rng R5W</u> Distance Direction Nearest Town <u>2 miles W of WATSON</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>12-2-13</u> Rated Pump Capacity: <u>20</u> gallons per min	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other(specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>80</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>12-2-13</u> Static Water Level(A): _____ feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown((B)-(A)): _____ feet below Land Surface Test Pumping Rate: <u>27</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE & WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>27</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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

<u>BOB SMITH 0-645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer
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If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	16
RODDISH SANDY CLAY	16	38
WHITE CLAY	38	85
WHITE SAND	85	136

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 KELGAN