

# 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 3.72

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 9-20-14

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

Well Owner Information	Well Location
Owner Name: <u>BUILDERS CONSTRUCTION</u>	Latitude: <u>34° 47' 53.26" N</u> Longitude: <u>87° 50' 35.28" W</u>
Mailing Address: <u>LOT 7 SUSAN LANE</u> <u>GREEN SUB</u> <u>HEWLETT, MS 38632</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NW 1/4 Sec 8-27 Twn 135 Rng RBW</u>
Telephone No. <u>(662) 429-4603</u>	Distance: <u>1</u> Miles <u>S/W</u> of <u>DOCKRUM</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other \_\_\_\_\_

Date well drilling started: 9-20-14 Date well drilling completed: 9-20-14

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 9-20-14

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

Hole Depth: 140 Well depth: 140 Well grouted to a depth of 00 feet

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

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS inches Setting depth: From 120 feet to 140 feet

Type of completion (circle all applicable):  
Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction incasing: \_\_\_\_\_ 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 oorganization 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. OCT 20 2014

BOB SMITH 0-645  
Print name of Water Contractor and License No.

[Signature]  
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 #: M373

Elevation: \_\_\_\_\_

County: <u>DESOTO</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>9-20-14</u>

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>Beildens Construction</u>	Latitude: <u>34°41'57.26"N</u> Longitude: <u>89°50'55.28"W</u>
Mailing Address: <u>1077 Susan Lane</u> <u>CITRUS</u> <u>HERNANDO MS 38632</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 27 Twp 25 Rng 26W</u>
Telephone No. <u>(662) 429-4603</u>	Distance _____ miles Direction <u>S/W</u> Nearest Town <u>Cockrum</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>3/4</u>
Date Pump Installed: <u>9-20-14</u>	Setting Depth: <u>100</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>9-20-14</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level(A): <u>86</u> 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>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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.	
<u>Bob Smith 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer <b>RECEIVED</b>

OCT 20 2014

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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
GRAVEL	5	30
WHITE CLAY	30	70
WHITE CLAY & SAND	70	90
WHITE SAND	90	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: **RICKERS CONSTRUCTION S**

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