

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: George
Permit #: _____
Driller: Mike Wood
Date drilling completed: 11-12-09

For Office Use Only:
Aquifer: M 200
Well #: _____
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jason Smith</u>	Latitude: <u>30° 45' 11"</u> Longitude: <u>98° 26' 34"</u>
Mailing Address: <u>150 Section 25 Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Wilmer Al 36587</u>	<u>NW</u> 1/4 <u>SW</u> 1/4 Sec <u>25</u> Twn <u>T35</u> Rng <u>R5W</u>
City State Zip Code	SW Distance Direction Nearest Town
Telephone No. () _____	Miles _____ of _____

Well / Borehole Data

Date drilling started: 11-12-09 Date drilling completed: 11-12-09 Hole depth: 55 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: none

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 80 feet to 90 feet

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

Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A (04/08)

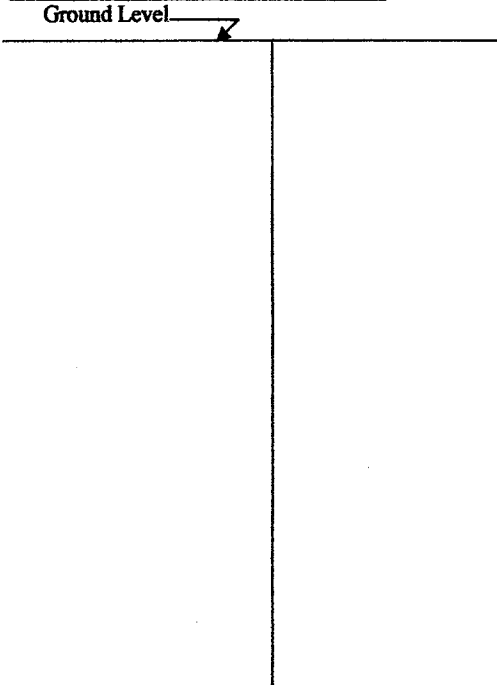
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DEC 14 2009
SWC 1148

M 200

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	10
sand	10	29
Clay	29	35
sand	35	44
Coarse sand	44	90

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) a north arrow.

Landowner Name: Jason Smith

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael R. Foyte 10408 11-12-02

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WELL REGULATORY SERVICES

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: M 200
 Well #: _____
 Elevation: _____

County: DeSoto
 Permit #: _____
 Driller: M. J. Had
 Date completed: 11-16-09
 Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Jason Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>150 Section Line Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Wilmer AL 36587</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25 T35 R5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>S</u> of <u>Howell</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</u>
Date Pump Installed: <u>11-16-09</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>10</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael R Fry Fogle 0408 Michael R Fry Fogle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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 11-18-09
 EYE COVER