

State Well Report
Part 1

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)

County: I-TAWAMBA
Permit #: _____
Driller: Rossi Drilling
Tom Rossi 059921-09
Date drilling completed: 8/21-09

For Office Use Only:
Aquifer: _____
Well #: L27
L. S. Elevation: _____
E-log #: _____

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 Owner Name: <u>RICK MOORE</u> Mailing Address: <u>4433 WHITE SPRINGS RD</u> <u>FULTON MS 38843</u> City State Zip Code Telephone No. <u>(662) 213-7699</u>	Well Location Latitude: <u>34° 11' 42"</u> Longitude: <u>88° 20' 21"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 22 Twn 10S Rng 9E</u> Distance Direction Nearest Town Miles of
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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8/19/09 Date well drilling completed: 8/21/09
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 170 feet above or below (circle one) land surface Date measured: 8-21-09
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 300 Well depth: 300 FT Well grouted to a depth of _____ feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 270 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 0.13 inches Setting depth: From Bottom feet to 270 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 back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

I certify that the well was 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.

Thomas Rossi 0-509 Thomas Rossi
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUN 24 2010
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: ITAWAMBA
 Permit #: _____
 Driller: Tom Ross 0-509
Rossi Drilling
 Date completed: 8-19-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L27
 Elevation: _____

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>RICK MOORE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4433 WHITE SPRINGS RD.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>FULTON MS. 38843</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 E 1/4 Sec 28 T 10 S R 9 E</u>
Telephone No. (____) _____	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>50</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Thomas Rossi 0-509
 Print Name of Pump Installer and License No. (if applicable)

Thomas Rossi
 Signature of Pump Installer

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 JUL 24 2010
 BY: OLWR