

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)

For Office Use Only:

Aquifer: _____
Well #: F-72
L. S. Elevation: _____
E-log #: _____

County: LAUDerdale
Permit #: _____
Driller: _____
Date drilling completed: 5-2-05

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>Green Debara</u>	Latitude: <u>32° 21' 29"</u> Longitude: <u>88° 54' 03"</u>
Mailing Address: <u>12956 Sugarloaf Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>27 18 02</u>
<u>Chunky</u> <u>Miss</u> <u>39323</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>3</u> Twn <u>T7N</u> Rng <u>R14E</u>
Telephone No. <u>(601) 274-0195</u>	Distance <u>10</u> Miles Direction <u>N-W</u> of <u>Collinsville</u>

Well Data

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

Date well drilling started: 5-1-05 Date well drilling completed: 5-2-05

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 5-2-05

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

Hole depth: 177 Well depth: 177 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 167 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10 inches Setting depth: From 167 feet to 177 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.

Tim Smith 0-202 Tom Smith
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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F-72

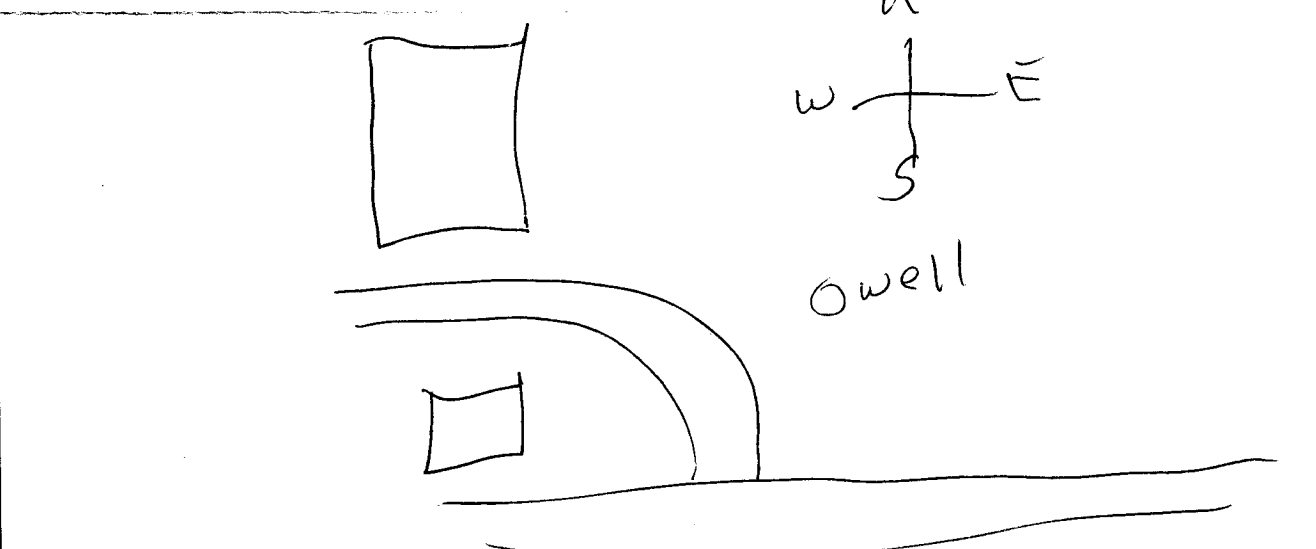
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Clay	0	5
Blue Clay & Rock	5	130
Sand	130	144

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: Green Debora

Tom Smith
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: F-72

Elevation: _____

County: LAUDERDALE
 Permit #: _____
 Driller: _____
 Date completed: 5-2-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Green Debora</u>	Latitude: <u>32 27 294</u> Longitude: <u>88 54 032</u>
Mailing Address: <u>12956 Squalone Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Phila miss 39323</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	____ 1/4 ____ 1/4 Sec <u>5</u> Twn <u>T7N</u> Rng <u>R14E</u>
Telephone No. <u>(601) 274-0195</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>N-W</u> of <u>Collinsville</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: _____
Date Pump Installed: <u>5-2-05</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-2-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>130</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>30</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Tim Smith
 Print Name of Pump Installer and License No. (if applicable)

Tim Smith
 Signature of Pump Installer

AUG 15 2005

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