

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 #: 557
L. S. Elevation: R78
E-log #: _____

County: Lauderdale
Permit #: _____
Driller: Tim Smith
Date drilling completed: 2-15-08

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>Urve Goodman</u>	Latitude: 31° 22' 52.3" Longitude: 089° 38' 39.8" <u>32 15 13</u> <u>88 44 47</u>
Mailing Address: <u>6803 Bronson RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian Miss 39304</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 24 Twn 15N Rng 16E</u> <u>15E</u>
Telephone No. <u>(601) 485-6576</u>	Distance Direction Nearest Town <u>15 Miles South of Meridian</u>

Well Data

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

Date well drilling started: 2-15-08 Date well drilling completed: 2-15-08

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 2-15-08

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 8 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 8 inches Setting depth: From 90 feet to 110 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): _____

RECEIVED
FEB 28 2008
BY: OLWR

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
Print Name of Water Well Contractor and License No.

Tim Smith
Signature of Water Well Contractor

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: Lauderdale
Permit #: _____
Driller: Tim Smith
Date completed: 2-15-08

For Office Use Only:
Aquifer: _____
Well #: S-57
Elevation: _____

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>UNRVE GOODMAN</u>	Latitude: <u>37°22'52.3</u> Longitude: <u>98°38'37.8</u>
Mailing Address: <u>6803 BRANSON RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Meridian Miss 39304</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 27 Twn T5N Rng R16E</u>
Telephone No. <u>(601) 485-6576</u>	Distance Direction Nearest Town
	<u>15 Miles South of Meridian</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): RECEIVED
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u> FEB 28 2008
Date Pump Installed: <u>2-15-08</u>	Setting Depth: <u>80</u> feet BY: OLWR
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-15-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>10</u> feet after <u>14</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>14</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