

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 #: G-224
L. S. Elevation: C156
E-log #: _____

County: Sounder
Permit #: _____
Driller: Clardy
Date drilling completed: 3/28/05

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>John Smith</u>	Latitude: <u>33.32.15</u> " Longitude: <u>88.23.13</u> "
Mailing Address: <u>833 Coon Hunters Cove</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbus, MS 39702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S</u> <u>4</u> <u>E</u> <u>1/4</u> Sec <u>X</u> Twn <u>18</u> Rng <u>18</u>
Telephone No. <u>(662) 549-2846</u>	Distance <u>35</u> Direction <u>175</u> Nearest Town <u>Columbus</u>
	<u>1</u> Miles <u>East</u> of <u>Columbus</u>

Well Data

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

Date well drilling started: 3/24/05 Date well drilling completed: 3/28/05

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

Static Water Level: 15 feet above of below (circle one) land surface Date measured: 3/28/05

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

Hole depth: 142 Well depth: 142 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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: 5 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.

Donald B. Clardy 0-496
Print Name of Water Well Contractor and License No.

D. Clardy
Signature of Water Well Contractor

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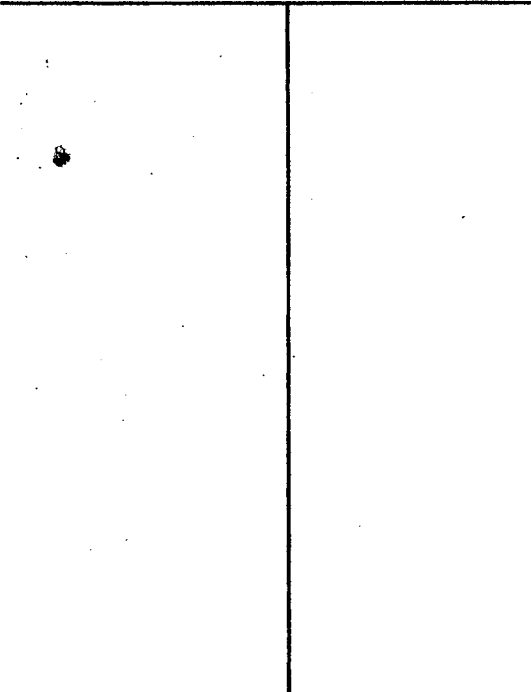
BY: OLWR

If well telescopes please sketch below and show depths.

0156

G-224

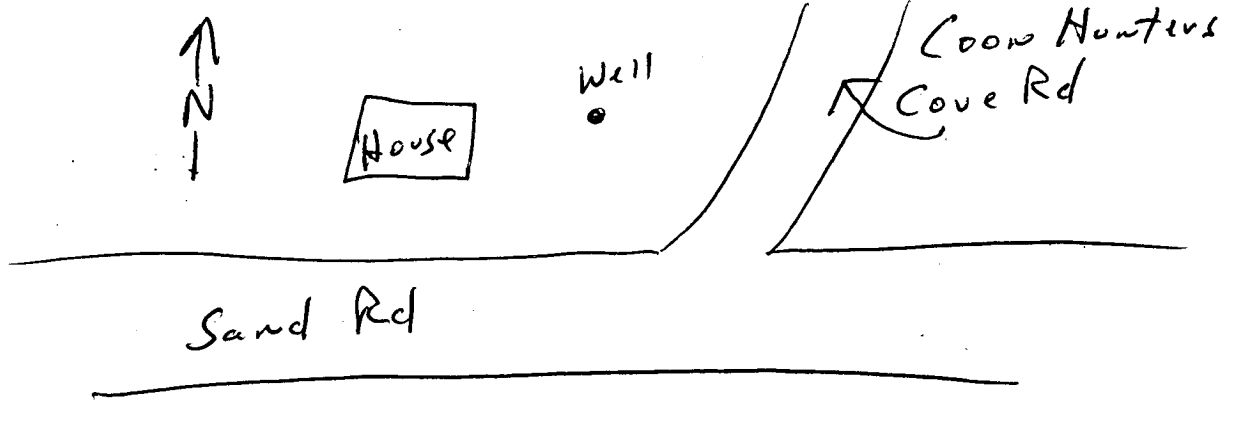
Ground Level



Description of Formations Encountered	From	To
Brown sandy clay	0	6
Sand & gravel	6	20
Blue clay	20	26
Sandy clay	26	38
Clay	38	62
Rocky clay	62	64
Sandy clay	64	77
Sand streak	77	82
Clay	82	86
Sand streak	86	112
Sand	112	122
Clay	122	130
Sand	130	136
Sandy clay	136	138

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: John Smith

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

For Office Use Only:

Aquifer: C156
 Well #: 6-224
 Elevation: _____

County: Lauderdale
 Permit #: _____
 Driller: Clardy
 Date completed: 3/28/05

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>John Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>833 Moon Hunter Cove</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbus, MS 39702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S</u> 1/4 <u>E</u> 1/4 Sec <u>1</u> Twn <u>18</u> Rng <u>18W</u>
	Distance Direction Nearest Town
Telephone No. <u>(662) 549-2846</u>	<u>1</u> Miles <u>East</u> of <u>Columbus</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>1/2</u>
Date Pump Installed: <u>3/28/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/28/05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</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 _____ GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>20</u> hours	

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

Donald B. Clardy 0-496
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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APR 05 2005
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