

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____
Well #: 0.57
L.S. Elevation: _____
E-Long #: _____

County: MASSACHUSETTS
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 11-19-08

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>EDWARD LUTHER</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>9760 BRUCE RD</u> <u>OLIVE BRANCH, MS 38654</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>R18</u> Twn <u>T4S</u> Rng <u>R3W</u>
Telephone No. <u>(662) 349-0089</u>	Distance _____ Direction _____ Nearest Town _____
_____ Miles <u>S/W</u> of <u>HOLLY SPRING</u>	
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>11-19-08</u> Date well drilling completed: <u>11-19-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>11-19-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>170</u> Well depth: <u>170</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>160</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>13 THOUS</u> inches Setting depth: From <u>160</u> feet to <u>170</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): <u>WASHED SAND</u>	
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well 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.	
Print name of Water Contractor and License No. <u>Bob Smith 0645</u>	Signature of Water Well Contractor <u>[Signature]</u>

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Ground Level

0 57

Description of Formations Encountered

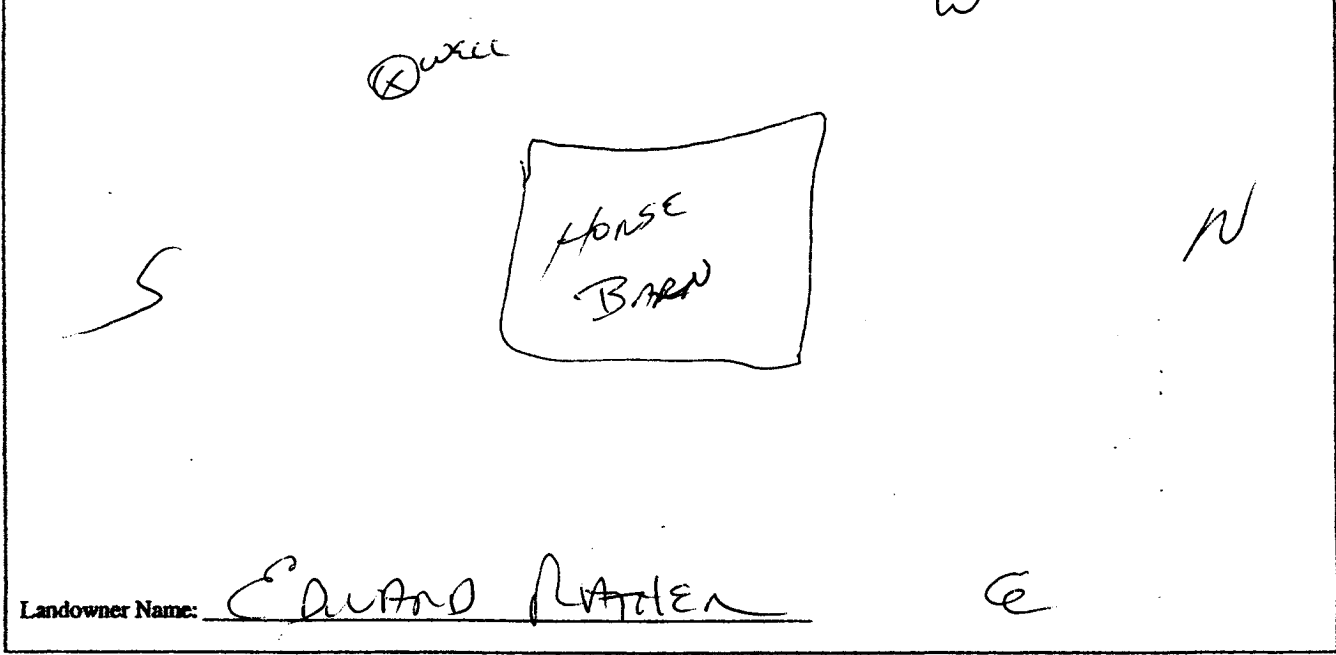
From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
RED CLAY + SAND	5	35
WHITE CLAY + SAND	35	130
WHITE SAND	130	170

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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.



Signature of Water Well Contractor

[Handwritten Signature]

County: Madison
 Permit #: _____
 Driller: Bob Smith
 Date completed: 11-19-08

State Well Report

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225

For Office Use Only
 Aquifer: _____
 Well #: Φ 57
 Elevation: _____

This report be prepared by the pump installer in detail and filed with the Department within 30 days of completion of drilling of the well.

<p>Well Owner Information</p> <p>Owner Name: <u>EDWARD RATHEN</u> Mailing Address: <u>9760 COLLEGE RD</u> <u>CLIVE BRANCH, MS 38654</u> City State Zip Code Telephone No. <u>(662) 349-0089</u></p>	<p>Well Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> survey grade GPS <u>1/4 1/4 Sec P-18 Twn 14S Rng 12W</u> Distance _____ miles Direction <u>S/W</u> Nearest Town <u>of HOLLY SPRINGS</u></p>
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<p>Pump Type Circle one</p> <p>Air lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-19-08</u> Rated Pump Capacity: <u>12</u> gallons per min</p>	<p>Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other(specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>120</u> feet Number of Stages: <u>11</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>11-19-08</u> Static Water Level(A): <u>100</u> feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>12</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs</p>	<p>Method of Measuring Water Level circle one</p> <p>Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bob Smith 0645 [Signature]
 Print Name of Pump Installer and License No. Signature of Pump Installer

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