

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: Monroe
Permit #: _____
Driller: Tom Rossi 0-509
Rossi Drilling
Date drilling completed: 3-25-10

For Office Use Only:

Aquifer: _____
Well #: E-13
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	Well Location
Owner Name: <u>TAMMY HATHCOCK</u>	Latitude: <u>33° 59' 29"</u> Longitude: <u>88° 13' 13"</u>
Mailing Address: <u>606512</u> <u>SIPSEY-DETROIT Rd.</u> <u>Greenwood SPR. MS. 38848</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<input checked="" type="checkbox"/> NW <input checked="" type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NE 1/4 Sec <u>28</u> Twn <u>12S</u> Rng <u>10E</u>
Telephone No. <u>(662) 256-8206</u>	Distance _____ Miles Direction _____ Nearest Town <u>1614</u>

Well Data

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

Date well drilling started: 3/25/10 Date well drilling completed: 3/26/10

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 3/26/10

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

Hole depth: 165 Well depth: 165 FT Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 0.13 inches Setting depth: From Bottom feet to 10 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 0509
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level _____

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	80
Rock	80	82
Clay - Sand	82	134
Sand Gravel	134	165

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) a north arrow.

Landowner Name: Tammy Haircock

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Thomas Rossi, 0-5093-26-10

Date

Signature of Licensee Thomas Rossi

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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)

County: Monroe
 Permit #: _____
 Driller: Tom Rossi 0-509
Rossi Drilling
 Date completed: 3-26-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E13
 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>TAMMY HATHCOCK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>60652 SEPSY-</u> <u>DETROIT RD.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenwood Springs MS. 38844</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<input checked="" type="checkbox"/> <u>1/4</u> <input checked="" type="checkbox"/> <u>1/4</u> Sec <u>28</u> T <u>12</u> S R <u>10E</u>
Telephone No. (____) _____	<u>NW</u> <u>SE</u> <u>10W</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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: _____	Setting Depth: _____ feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
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>12</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>7</u> hours	

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

Thomas Rossi 0509
 Print Name of Pump Installer and License No. (if applicable)

Thomas Rossi
 Signature of Pump Installer

Form: OLWR-SWR-1B

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JUN 24 2010

BY: OIWP