

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: Rossi Drilling
Date drilling completed: 7-3-06

For Office Use Only:
Aquifer: _____
Well #: 107
L. S. Elevation: M40
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>E. J. Smith</u>	Latitude: <u>33° 49' 51" N</u> Longitude: <u>88° 35' 41" W</u>
Mailing Address: <u>5008 Dulie Smith Tr.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Abbeville</u> <u>MS</u> <u>39730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 E 1/4 Sec 25 Twn 19S Rng 7E</u>
Telephone No. <u>(662) 369-6165</u>	Distance <u>SE</u> Direction <u>21</u> Nearest Town <u>18W</u>
	Miles _____ of _____

Well Data

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

Date well drilling started: 7-1-06 Date well drilling completed: 7-3-06

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

Static Water Level: 94 feet above or below (circle one) land surface Date measured: 7-3-06

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

Hole depth: 138 Well depth: 138 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 10/16 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
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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JUN 29 2007
BY OLWR

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 #: D-109

Elevation: M4C

County: Monroe
 Permit #: _____
 Driller: Rossi Drilling
 Date completed: 7-3-06

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>E. D. Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>50008 Dulie Smith Tr.</u>	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen</u> MS <u>39730</u>	<u>N 1/4 E 1/4 Sec 25</u> Twn <u>14S</u> Rng <u>7E</u>
City State Zip Code	Distance <u>SE</u> Direction <u>21</u> Nearest Town <u>18W</u>
Telephone No. <u>(662) 369-6165</u>	_____ 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: <u>1/2</u>
Date Pump Installed: <u>7-3-04</u>	Setting Depth: <u>130</u> 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: <u>7-3-04</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>94</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): 94 Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>15</u> 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>12</u> hours	

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

Thomas Rossi 0-509 Thomas Rossi
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 29 2007
 BY: OLWR