

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 #: Q-107
L. S. Elevation: _____
E-log #: _____

County: Manroe
Permit #: _____
Driller: Rossi Drilling
Date drilling completed: 12-2-06

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>Al Smith</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>60465 Brandana Rd</u> | Method of Lat/Long (circle one) <u>Conventional Survey</u> |
| <u>Prairie MS 39256</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>N 1/4 W 1/4 Sec 17 Twn 758 Rng 6 E</u> |
| Telephone No. <u>662 456-3696</u> | Distance Direction Nearest Town |
| | _____ Miles _____ of _____ |

| Well Data | |
|---|--|
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | |
| Date well drilling started: <u>11-27-06</u> Date well drilling completed: <u>12-2-06</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>122</u> feet above or below (circle one) land surface Date measured: <u>12-2-06</u> | |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>411</u> Well depth: <u>411</u> Well grouted to a depth of <u>20</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | |
| Casing length: <u>46'</u> feet Casing diameter: <u>5"</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40 in</u> feet <u>in bottom</u> Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>1/8</u> inches Setting depth: From <u>Bottom</u> feet to <u>40</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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.

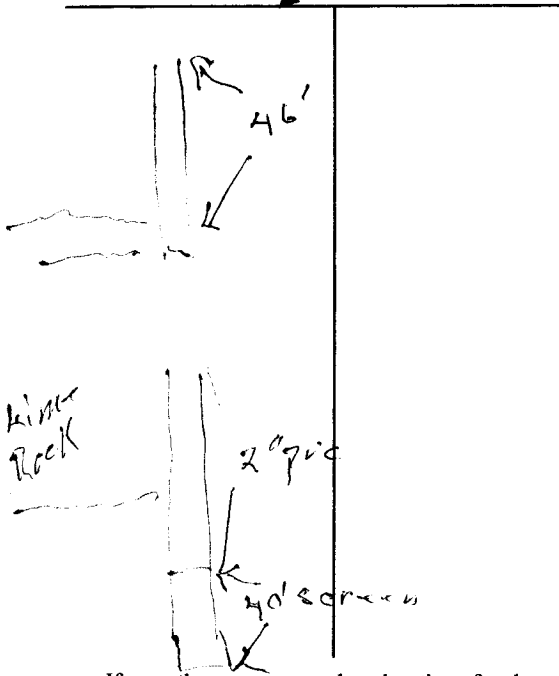
Thomas Rossi 0-509 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

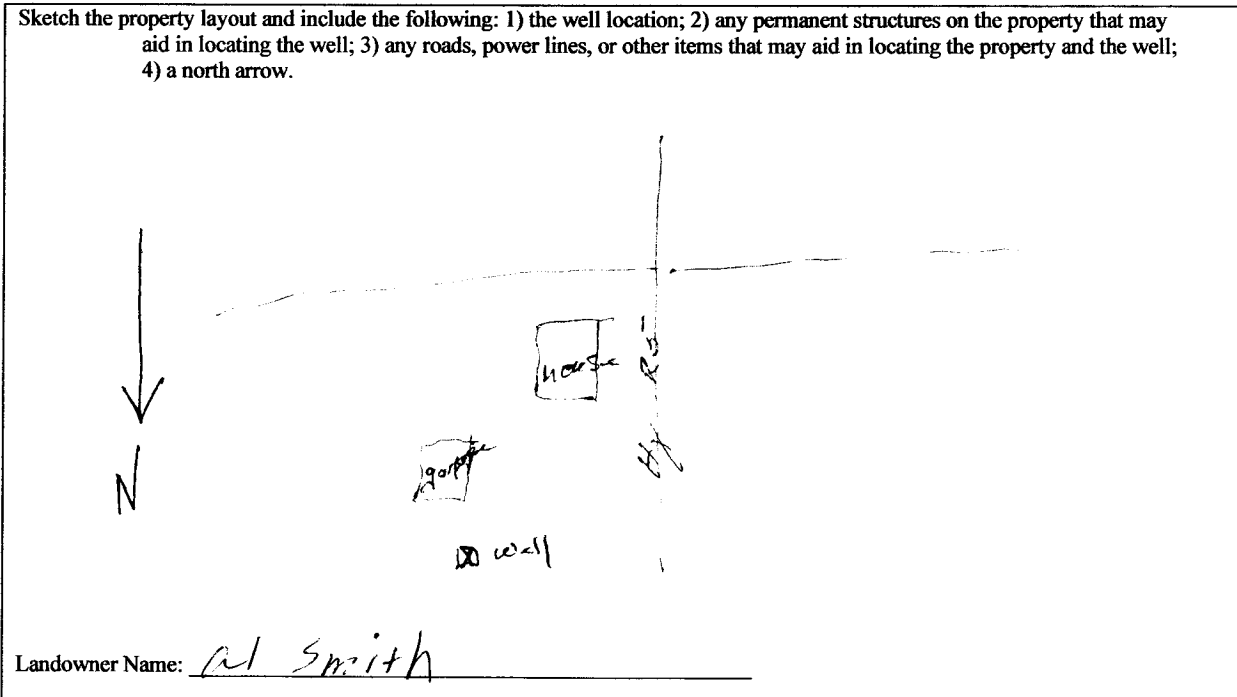
Ground Level



If more than one screen, show location of each on sketch

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 | 24 |
| lime rock | 24 | 240 |
| clay/silt | 240 | |
| strata | 240 | 331 |
| sand | 331 | 441 |
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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.

Thomas Rossi 12-12-06

Thomas Rossi

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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: Rossi Drilling
 Date completed: 12-2-06

For Office Use Only:

Aquifer: _____
 Well #: Q-107
 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>Al Smith</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>6465 Branduna Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Prairie MS 39756</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>N 1/4 W 1/4 Sec 17 Twn 15S Rng 6E</u> |
| Telephone No. <u>(662) 456-7164</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: <u>1</u> |
| Date Pump Installed: <u>12-2-06</u> | Setting Depth: <u>180</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>12-2-06</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>122</u> 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 <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>17</u> hours | |

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

Thomas Rossi 0009 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUN 29 2007

BY: OLWR