

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: _____
Aquifer: OLIC
E-Log #: _____

County: Monroe
Permit #: _____
Driller: Thomas Rossi #0509
Date drilling completed: 12-22-2012

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Al Smith</u>	Latitude: <u>33° 45' 34.5996"</u> Longitude: <u>-88° 38' 25.494"</u>
Mailing Address: <u>6465 Brand Una Road</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u> , 35 25
Prairie _____ MS _____ 39756	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> <u>SE</u> <u>South</u> ¼ <u>East</u> ¼, Sec <u>23</u> ✓ T <u>15</u> S R <u>6</u> E
Telephone No. (662) <u>319-7415</u>	<u>7</u> Miles <u>Southwest</u> of <u>Aberdeen, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12-17-2012</u> Date drilling completed: <u>12-22-2012</u> Hole depth: <u>375</u> Hole diameter: <u>4 inches</u>
Location of the source of any surface water used for drilling: <u>City Water System</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>(Water Well)</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <u>(Home)</u> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>175</u> feet [above or <u>(below)</u>] land surface Date measured: _____ (circle one)
Method of measurement (circle one): <u>(Steel tape)</u> Electric tape Air line Other (describe): _____
Well depth: <u>375</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): <u>(Neat Cement)</u> Bentonite Mix
Casing length: <u>355</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>.013</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.013</u> inches Setting depth: From <u>355</u> feet to <u>375</u> feet
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

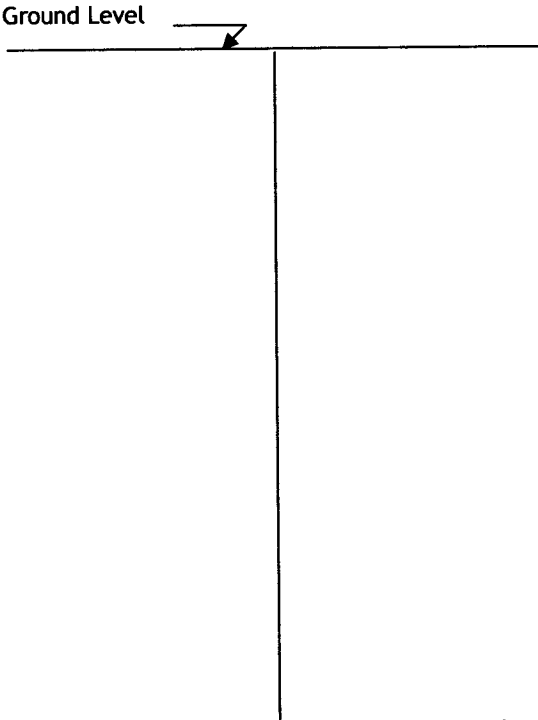
RECEIVED
MAY 20 2013
BY: OLWR

County: Monroe
 Permit #: _____

For Office Use Only:
 Well #: 0110

The sketch below only required for water wells

If well telescopes, show depths 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	20
Blue Rock	20	22
Blue Rock	22	40
Blue Rock	40	60
Blue Rock	60	80
Blue Rock	80	82
Blue Rock	82	100
Blue Rock	100	290
Rock	290	293
Sand & Clay Strips	293	300
Sand & Clay Strips	300	320
Sand	320	340
Sand	340	360
Sand	360	375

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) north arrow

RECEIVED
 MAY 20 2013
 BY: OLWR

Landowner Name: Al Smith

I HEREBY 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 #0509 05-13-2013

 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: 110
 Aquifer: _____

County: Monroe
 Permit #: _____
 Driller: Thomas Rossi #0509
 Date completed: 12-22-2012
Copy information from block on Part 1

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>Al Smith</u>	Latitude: <u>33° 45' 34.5996"</u> Longitude: <u>-88° 38' 25.494"</u>
Mailing Address: <u>6465 Brand Una Rd</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u> , USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Prairie</u> MS <u>39756</u>	<u>South 1/4 East 1/4, Sec 23 T 15 S R 6 E</u>
City _____ State _____ Zip Code _____	<u>7</u> Miles <u>Southwest</u> of <u>Aberdeen, MS</u> (Distance) (Direction) (Nearest Town)
Telephone No. (662) <u>319-7415</u>	

Pump Type (circle one)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 12-22-2012 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): (New) Repaired Replacement

Power Type (circle one)

(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: one Setting Depth: 280 feet Number of Stages: 18

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): 7 1/2 hours

Static Water Level (A): 160 Feet Below Land Surface Pumping Water Level (B): 280 Feet Below Land Surface

Drawdown [(B) - (A)]: 172 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (circle one): (Steel tape) Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 10 GPM with a drawdown of 12 feet after 7 1/2 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

RECEIVED
MAY 20 2013
BY: OLWR

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Thomas Rossi #0509 05-13-2013 Thomas Rossi

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer


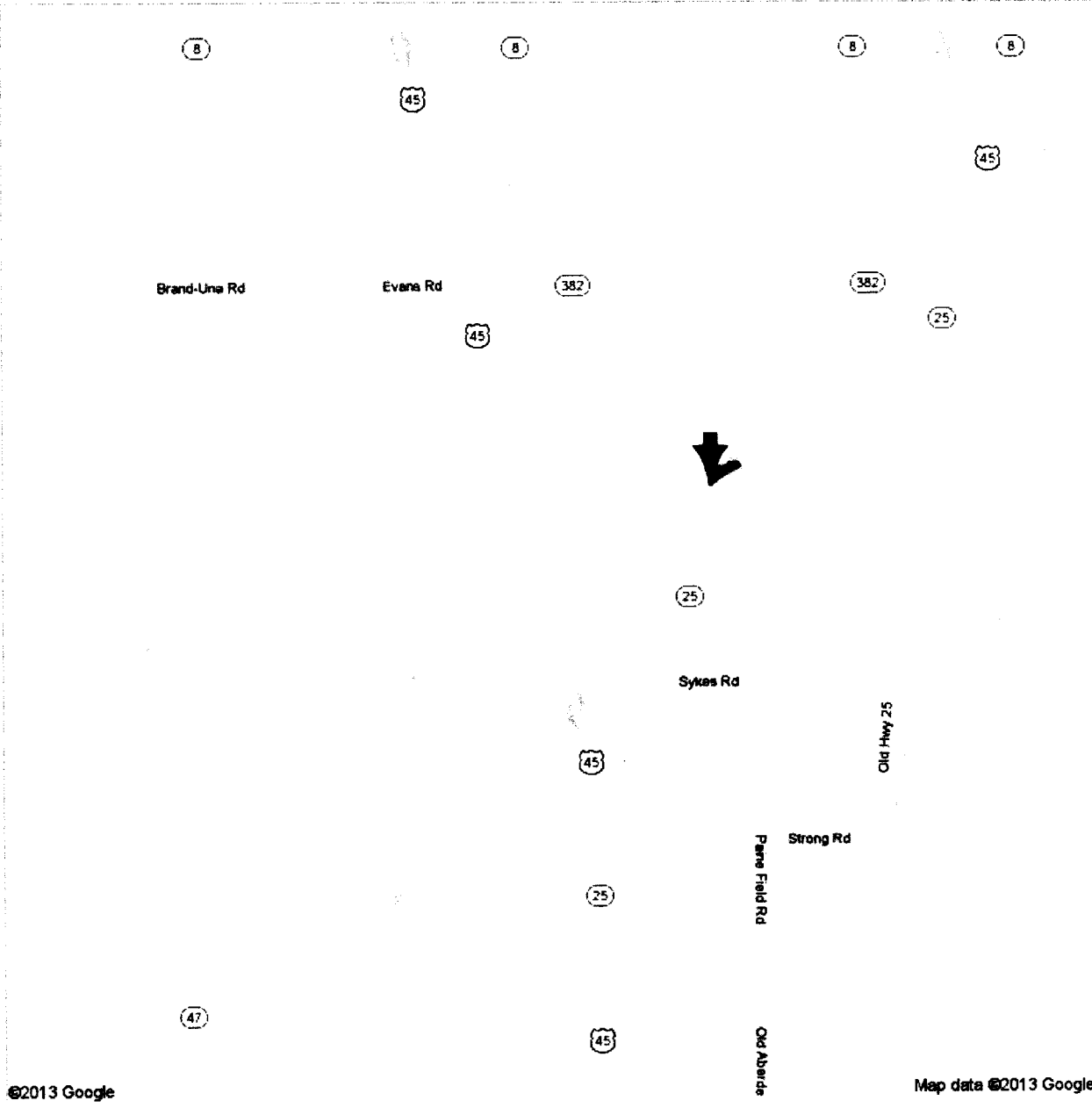
Al Smith
6465 Brand Una Rd
Prairie, MS 39756

Ø110

Google

Well
Location: 33°45'34.5996"
-88°38'25.494"

Get Google Maps on your phone
Text the word "GMAPS" to 466453

©2013 Google

Map data ©2013 Google

RECEIVED

MAY 20 2013

BY: OLWR