

Chip's Lane

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:
E-Log #:

County: Monroe
Permit #:
Driller: Thomas Rossi 0509
Date drilling completed: 1-28-13

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 (Landowner if borehole is not for a water well)
Well or Borehole Location
Owner Name: Al Smith
Mailing Address: 6465 Brand Una Rd.
Latitude: 33°48'6.9912" Longitude: -88°37'11.338"
Method of Lat/Long (check one): Conventional Survey XXX
USGS quad, Hand-held GPS, Survey-grade GPS
Prairie MS 39756
City State Zip Code
Telephone No. (662) 319-7415

Well / Borehole Data
Date drilling started: 1-22-13 Date drilling completed: 1-28-13 Hole depth: 360 Hole diameter: 4"
Location of the source of any surface water used for drilling: City Water System
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): (No log run) XXX Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (circle one): (Water Well) XXX Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (circle all applicable): (Home) Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 160 feet [above or below XXX] land surface Date measured:
Method of measurement (circle one): (Steel tape) Electric tape Air line Other (describe):
Well depth: 360 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement XXX Bentonite Mix
Casing length: 340 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 010 inches Setting depth: From 340 feet to 360 feet
Type of completion (circle all applicable): (Gravel packed) Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: feet
If telescoped or more than one screen, describe on next page

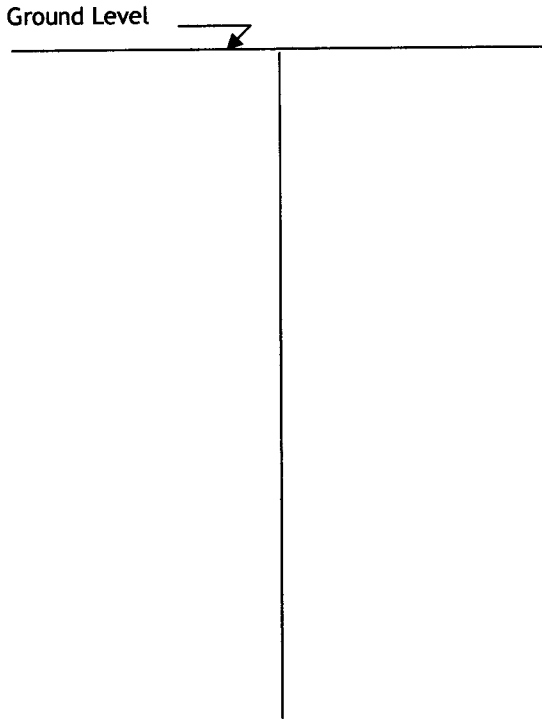
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BY: OLWR

County: _____
Permit #: _____

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Well #: Ø111

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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	20
Rock	20	23
Blue Rock	23	60
Blue Rock	60	160
Rock	160	163
Blue Rock	163	280
Rock	280	282
Sand and Clay Strips	282	300
Sand and Clay Strips	300	320
Sand	320	340
Sand	340	360

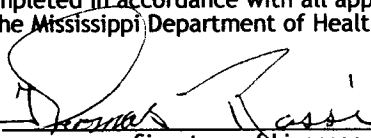
Sketch the property layout and include the following:

- 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

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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

Chip's Lane

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 #: Ø 111
Aquifer: _____

County: Monroe
Permit #: _____
Driller: Thomas Rossi 0509
Date completed: 1-28-13
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°48'6.9912"</u> Longitude: <u>-88° 37'11.338"</u>
Mailing Address: <u>6465 Brand Una</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u> , USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Prairie <u>MS</u> 39756 City State Zip Code	<u>S</u> $\frac{1}{4}$ <u>W</u> $\frac{1}{4}$, Sec <u>24</u> T <u>15</u> S R <u>6</u> E
Telephone No. (662) 319-7415	<u>3</u> Miles West of Prairie (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: 12 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 1 HP Setting Depth: 280 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 140 Feet Below Land Surface Pumping Water Level (B): 280 Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 12 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 _____ GPM with a drawdown of _____ feet after _____ 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

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.

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


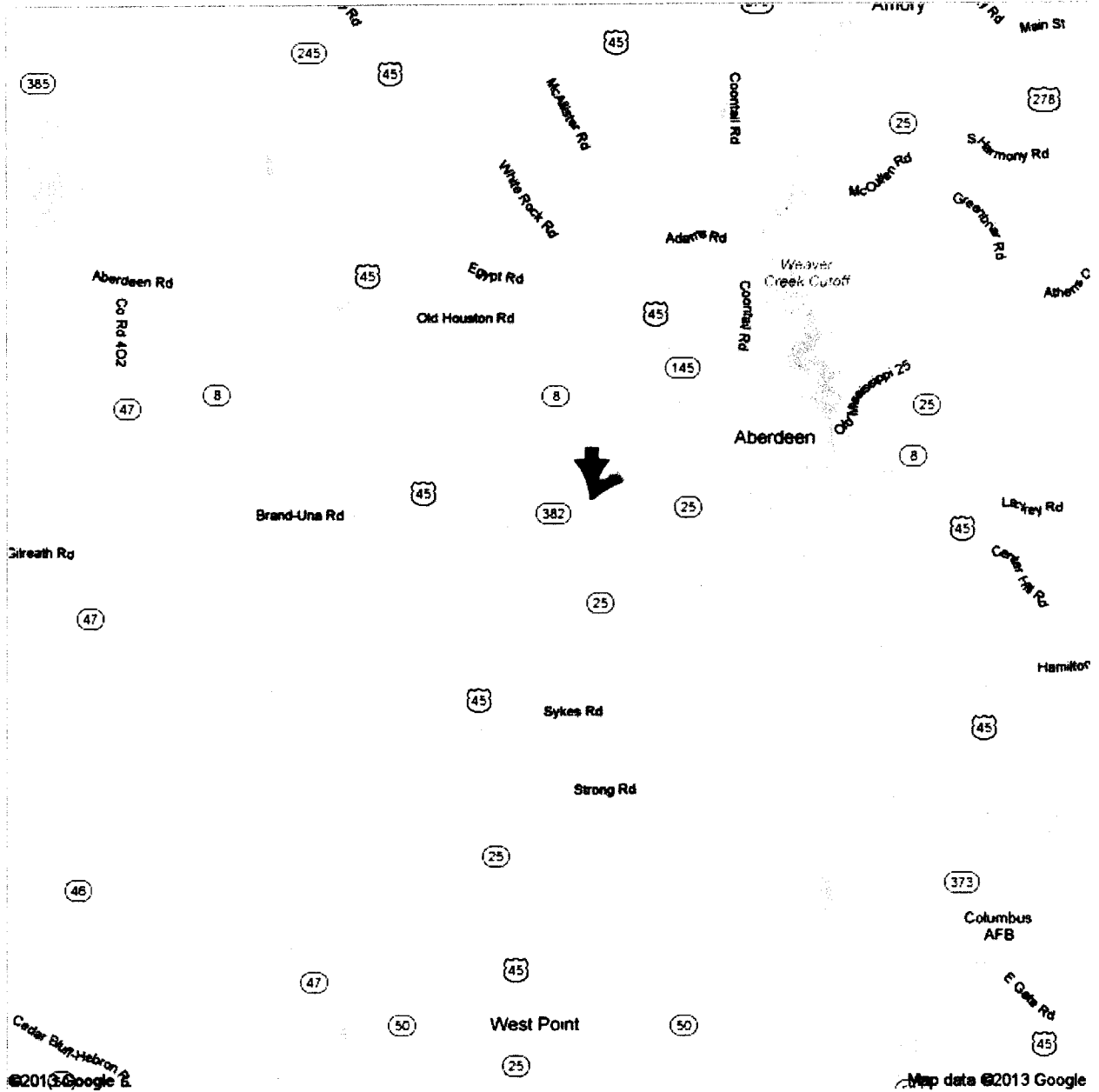
Thomas Rossi 0509 05-13-2013
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google

AL Smith
6465 Brand Una Rd
Address Mississippi
Well Location: Chip's Lane
Prairie, MS

0111

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