

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: C 38

Well #: _____

L.S. Elevation: _____

E-Long #: _____

County: Panola
 Permit #: _____
 Driller: Bob Smith
 Date drilling complet: 9-13-09

State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>LEE VEAZEY</u>	Latitude: <u>34° 31' 50"</u> Longitude: <u>89° 53' 21"</u>
Mailing Address: <u>P.O. Box 548</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Serrana, MS 38668</u>	<u>NW 1/4 SE 1/4 Sec 25 Twn T6S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 562-9615</u>	<u>3 Miles N/E of Como</u>

Well Data

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

Date well drilling started: 9-13-09 Date well drilling completed: 9-13-09

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 9-13-09

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

Hole Depth: 165 Well depth: 165 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1370015 inches Setting depth: From 145 feet to 165 feet

Type of completion (circle all applicable):
 Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction incasing: _____ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of oorganization running log(s): _____

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

Bob Smith 0645
 Print name of Water Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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 OCT 09 2009

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 2309
Jackson, MS 39225

For Office Use Only	
Aquifer:	<u>C38</u>
Well #:	_____
Elevation:	_____

County:	<u>Lauderdale</u>
Permit #:	_____
Driller:	<u>Bob Smith</u>
Date completed:	<u>9-13-09</u>

This report be prepared by the pump installer in detail and filed with the Department within 30 days of completion of drilling of the well.

<p align="center">Well Owner Information</p> <p>Owner Name: <u>LEE VEAZEY</u></p> <p>Mailing Address: <u>P.O. Box 548</u> <u>SYRACUSE MS 38668</u> City State Zip Code</p> <p>Telephone No: <u>(662) 562-9615</u></p>	<p align="center">Well Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, survey grade GPS</p> <p><u>1/4 1/4 Sec 25 T25 R12W</u></p> <p>Distance: <u>3</u> miles Direction: <u>N/E</u> Nearest Town: <u>Camd</u></p>
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<p align="center">Pump Type Circle one</p> <p>Air lift: _____ Jet: _____ <u>Submersible</u></p> <p>Bucket: _____ Piston: _____ Turbine: _____</p> <p>Centrifugal: _____ Rotary: _____ Flowing Well: _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>9-13-09</u></p> <p>Rated Pump Capacity: <u>12</u> gallons per min</p>	<p align="center">Power Type Circle one</p> <p>Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____</p> <p><u>Electric Motor</u>: _____ Hand: _____ Tractor PTO: _____</p> <p>Windmill: _____ Other(specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>100</u> feet</p> <p>Number of Stages: <u>11</u></p>
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<p align="center">Pump Test Data</p> <p>Date Well Tested: <u>9-13-09</u></p> <p>Static Water Level(A): <u>75</u> feet below Land Surface</p> <p>Rumping Water Level(B): _____ feet below Land Surface</p> <p>Drawdown(B)-(A): _____ feet below Land Surface</p> <p>Test Pumping Rate: <u>14</u> gallons per Minute</p> <p>Duration of Pump Test(minimum 4 hours): _____ hrs</p>	<p align="center">Method of Measuring Water Level circle one</p> <p>Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____</p> <p>Other(specify): <u>LINE + WEIGHT</u></p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>14</u> GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bob Smith 0645
Print Name of Pump Installer and License No. [Signature]
Signature of Pump Installer

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OCT 09 2009
BY: OLWR