

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 #: G-47
L. S. Elevation: _____
E-log #: _____

County: Penola
Permit #: GW-16295
Driller: Pete Sappington
Date drilling completed: 12/31/05

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>David Smith or Mary S. Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 323</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sardis MS 38664</u> City State Zip Code	<u>W 2 1/4 NW 1/4 Sec 26 Twn 75 Rng 7W</u>
Telephone No. <u>(662) 487-1826</u>	Distance <u>1/2</u> Miles <u>N</u> Direction of <u>Sardis</u> Nearest Town

Well Data	
Purpose of Well (circle one) Home <input type="checkbox"/> <u>Industrial</u> <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>12/1/05</u>	Date well drilling completed: <u>12/31/05</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>1/20/06</u>
Method of Measurement (circle one) <u>steel tape</u> <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____	
Hole depth: <u>200'</u> Well depth: <u>200'</u> Well grouted to a depth of <u>10'</u> feet	
Type of grout (circle one): Cement <input type="checkbox"/> <u>Bentonite</u> <input type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>160'</u> feet Casing diameter: <u>6"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40'</u> feet Screen diameter: <u>6"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/16</u> inches Setting depth: From <u>160'</u> feet to <u>200'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	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) <u>No log run</u> <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.

Pete Sappington 0430
Print Name of Water Well Contractor and License No.

Pete Sappington
Signature of Water Well Contractor

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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)

County: _____
 Permit #: OW 16275
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: G-47
 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>David or Mary S Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 323</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sardis</u> MS <u>38666</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>W2 1/4 NW 1/4 Sec 26 Twn 7S Rng 7W</u>
Telephone No. <u>(662) 487-1826</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20 HP</u>
Date Pump Installed: <u>12/28/05</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>350</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/20/05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>70'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>350</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Pete Sappington 0430 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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