

State Well Report Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5200
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G-115

L. S. Elevation: _____

E-log #: _____

County: TATE

Permit #: _____

Driller: BOB SMITH

Date drilling completed: 1-25-05

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>RANDY USSERY</u>	Latitude: _____ " Longitude: _____
Mailing Address: <u>WILKOP RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>SENATOBIA MS. 38668</u>	USGS quad. Hand-held OPS. Survey-grade OPS
City: _____ State: _____ Zip Code: _____	is _____ in Sec <u>H-15</u> Twn <u>T-55</u> Rng <u>R-7W</u>
Telephone No: <u>(601) 842-4272</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N</u> of <u>NEW TOWN</u>

Well Data

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

Date well drilling started: 1-25-05 Date well drilling completed: 1-25-05

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 1-25-05

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

Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/4 TEARS inches Setting depth: From 115 feet to 125 feet

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

Other (describe): WASHED SAND

Top of tap 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.

BOB SMITH 0-645 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level:

G-115

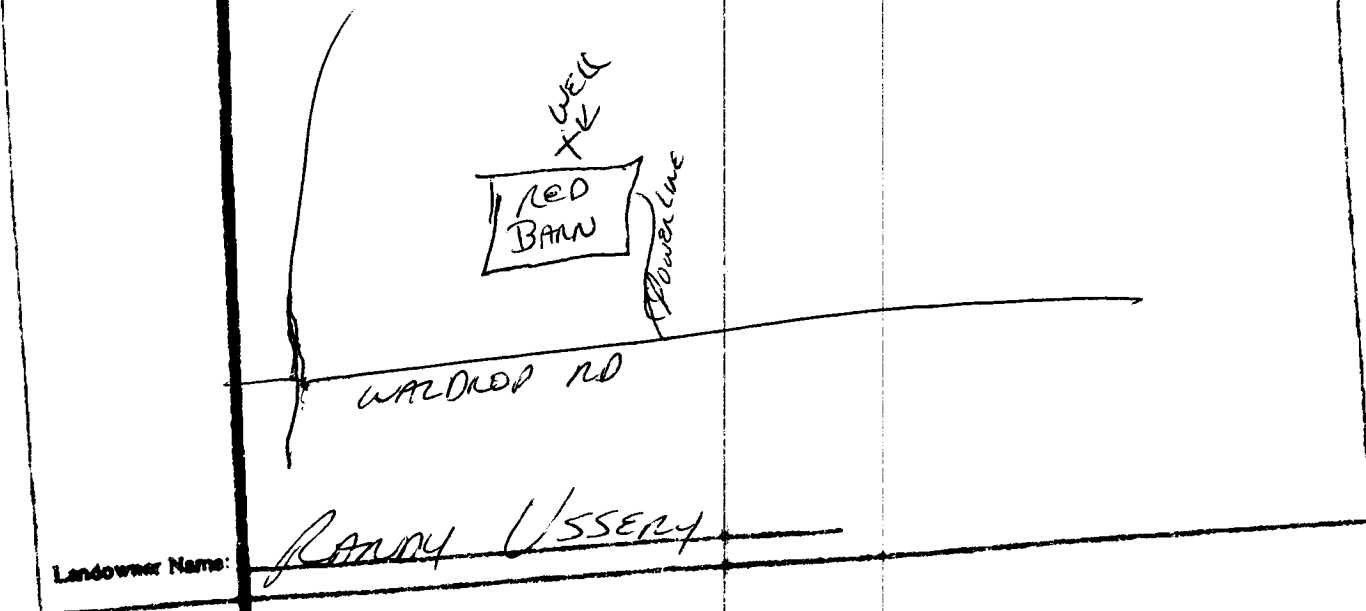
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
RED SAND	5	40
GRAVEL	40	53
WHITE + GREY CLAY	53	100
WHITE SAND	100	125

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) indicate direction.



Landowner Name:

RANDY USSERY

[Handwritten Signature]

Signature of Water Well Contractor

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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 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 5-115

Elevation: _____

County: TATE

Permit #: _____

Driller: BOB SMITH

Date completed: 1-25-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Randy Ussery</u></p> <p>Mailing Address: <u>Wm Prop Rd.</u></p> <p style="text-align: center;"><u>JENNOLIA, MS 38868</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No: <u>(601) 842-4272</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>1/4 _____ 1/4 Sec <u>H-15</u> Twp <u>T-55</u> Rng <u>R-2W</u></p> <p>Distance Direction Nearest Town</p> <p><u>2</u> Miles <u>N</u> of <u>NEW TOWN</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u></p> <p>Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine</p> <p>Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>1-25-05</u></p> <p>Rated Pump Capacity: <u>20</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p><u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/></p> <p>Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Motor Power Rating of Motor: <u>1 1/2</u></p> <p>Setting Depth: <u>80</u> feet</p> <p>Number of Stages: <u>14</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>1-25-05</u></p> <p>Static Water Level (A): <u>50</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>53</u> Feet Below Land Surface</p> <p>Drawdown (B) - (A): <u>3</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>27</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head _____ feet</p> <p>Well yielded <u>27</u> GPM with a drawdown of <u>3</u> 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 0-645

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

Signature of Pump Installer [Signature]

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FEB 10 2005

BY: OLWR