

137

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 #: A-43
L. S. Elevation: _____
E-log #: _____

County: STONE
Permit #: _____
Driller: Matthews Drilling Inc.
Date drilling completed: 8/20/04

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.

Note: The address listed is not where the well is located. The well is located on a farm off of Stamp Texas Rd. No mailing address.

Well Owner Information

Owner Name: Kimmel Smith
Mailing Address: 203 Sammy Joe Road
Lumberton MS 39455
City State Zip Code
Telephone No. (601) 795-9076

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4 Sec 2 Twn 2S Rng 13W
Distance Direction Nearest Town
0 Miles East of Miggins

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Farm
Date well drilling started: 8/19/04 Date well drilling completed: 8/20/04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 60' feet above or below (circle one) land surface Date measured: 8/20/04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 180' Well depth: 180' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC 40
Screen length: 20' feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 1/2 inches Setting depth: From 160' feet to 180' feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
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): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

RECEIVED
SEP 17 2004
BY: OLWR

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.

John M. Matthews #690
Print Name of Water Well Contractor and License No.

John M. Matthews
Signature of Water Well Contractor

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: Stone
 Permit #: _____
 Driller: Matthews Drilling Inc.
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: A-43
 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>Kiahnell Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>203 Sammy Joe Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lumberton</u> MS <u>39455</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>2</u> Twn <u>25</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 795-9076</u>	<u>6</u> Miles <u>East</u> of <u>Indigo, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8/20/04</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>3</u>

RECEIVED
 SEP 17 2004
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/20/04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>60'</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>40'</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>40'</u> feet after <u>4</u> 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.

John M. Matthews # 690 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer