

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-77
L. S. Elevation: _____
B-log #: _____

County: Tate
Permit #: _____
Driller: Bob Smith
Date drilling completed: 8-30-06

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>Charles White</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>617 Haze Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>Osborne, MS 38618</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec A-22 Twn 4S Rng 9W</u> |
| Telephone No. <u>601-604-1011</u> | Distance Direction Nearest Town |
| | <u>2 Miles N/W of Andalusia</u> |

Well Data

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

Date well drilling started: 8-30-06 Date well drilling completed: 8-30-06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 8-30-06

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

Hole depth: 136 Well depth: 156 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 136 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10 Mous inches Setting depth: From 136 feet to 156 feet

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

Other (describe): Washed Sand

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): _____

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 0645
Print Name of Water Well Contractor and License No.

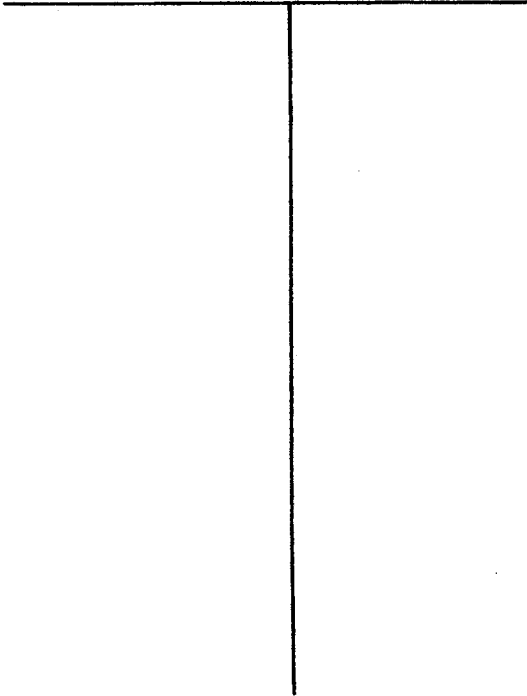
[Signature]
Signature of Water Well Contractor

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A-77

If well telescopes please sketch below and show depths.

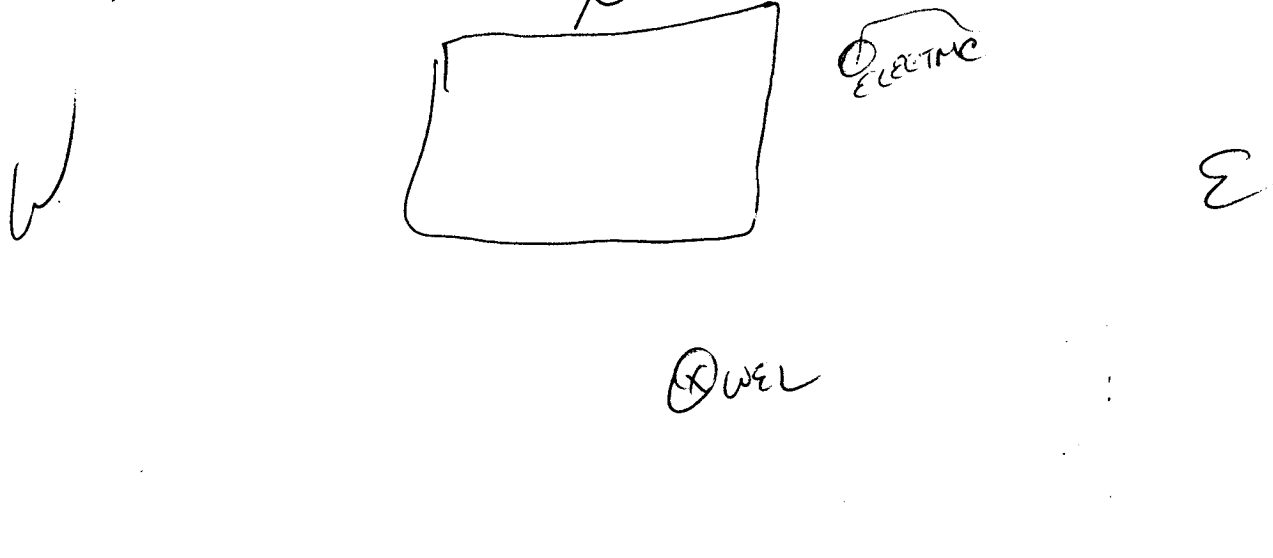
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 5 |
| BROWN CLAY | 5 | 40 |
| GRAVEL | 40 | 105 |
| FINE SAND | 105 | 156 |
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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: CHARLES WHITE S

[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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: LAR
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 8-30-06

For Office Use Only:

Aquifer: _____
 Well #: A-77
 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>CHARLES WHITE</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>612 Green Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>LADAWAY, MS 3868</u> | _____ 1/4 _____ 1/4 Sec <u>A22</u> Twn <u>45</u> Rng <u>R9W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 604-1011</u> | <u>2</u> Miles <u>N/W</u> of <u>MANABUTA</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>8-30-06</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>8-30-06</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>85</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface | Well yielded <u>14</u> GPM with a drawdown of |
| Test Pumping Rate: <u>14</u> Gallons Per Minute | <u>5</u> feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

BOB SMITH 0695
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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