

# 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)

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 7-10-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-88  
 I. S. Elevator: \_\_\_\_\_  
 H-log #: \_\_\_\_\_

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>J. JOHN TOLBENT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3549 BLUFF RD</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>COLDWATER, MS. 38618</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4 Sec A-30 Twp T4S Rng R9W</u>
Telephone No. <u>662 562-9416</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4 Miles NW of ANKARBUTLA</u>

**Well Data**

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

Date well drilling started: 7-10-08 Date well drilling completed: 7-10-08

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

Static Water Level: 110 feet above of bottom (circle one) land surface Date measured: 7-11-08

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/8 TROUS inches Setting depth: From 100 feet to 130 feet

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

Other (describe): WASHED SAND

Top of log pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe each part of pipe.

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running logs: \_\_\_\_\_

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

BOB SMITH 0645

Print Name of Water Well Contractor and License No. 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: A-88

Elevation: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 7-11-08

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>JOHN TOLBENT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3549 BLUFF RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Colowmela, 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>14 14 Sec A30 Twn 745 Rng K9W</u>
Telephone No. <u>662 562-9416</u>	Distance Direction Nearest Town
	<u>4 Miles N/W of ANKADUTCA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>3/4</u>
Date Pump Installed: <u>7-11-08</u>	Setting Depth: <u>125</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>7-11-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>LINE + WEIGHT</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured start in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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 0645 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
JUL 21 2008  
BY: OLWR

A-88

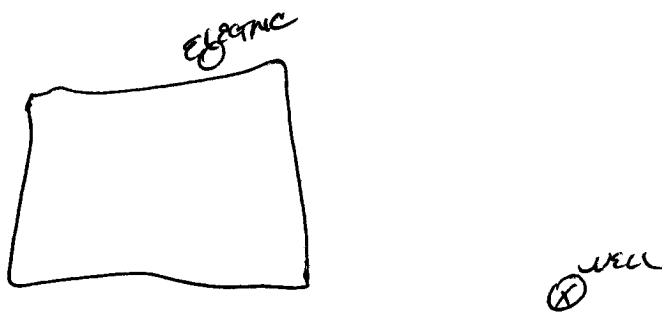
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	18
WHITE CLAY	18	70
Sand + GRAVEL	70	130

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:

JOHN TOUBENT

*[Handwritten Signature]*  
 Signature of Water Well Contractor

RECEIVED  
 JUL 21 2008  
 BY: OLWR