

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 #: B 106
L. S. Elevation: _____
E-log #: _____

County: TATE

Permit #: Smith Well Drilling

Driller: Bob Smith and Son

Date drilling completed: 8-2-04

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.

Well Owner Information	Well Location
Owner Name: <u>Larry Day</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT 58</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>GARDEN Pond SUB.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Crown MS. 38618</u>	_____ 1/4 _____ 1/4 Sec <u>C-33</u> Twn <u>T4S</u> Rng <u>R7W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 351-2257</u>	<u>2 1/2</u> Miles <u>E</u> of <u>CROWN</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>8-2-04</u>	Date well drilling completed: <u>8-2-04</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>38</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>8-2-04</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>135</u> Well depth: <u>135</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>125</u> feet	Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>14 TROUS</u> inches Setting depth: From <u>115</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>WASHED SAND</u>	
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.	
<u>ROBERT E SMITH</u> <u>0-645</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.	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)

For Office Use Only:

Aquifer: _____

Well #: B-106

Elevation: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date completed: 8-2-04

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

Owner Name: LARRY DAVIS
Mailing Address: LOT 58
GOLDEN POND SUB
COGDWATER MS 38618
City State Zip Code
Telephone No. (901) 351-8257

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 0-33 Twn T4S Rng R7W
Distance Direction Nearest Town
2 1/2 Miles E of COGDWATER

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 8-2-04
Rated Pump Capacity: 20 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1 1/2
Setting Depth: 60 feet
Number of Stages: 14

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Pump Test Data

Date Well Tested: 8-2-04
Static Water Level (A): 38 Feet Below Land Surface
Pumping Water Level (B): 46 Feet Below Land Surface
Drawdown [(B) - (A)]: 8 Feet Below Land Surface
Test Pumping Rate: 32 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 5 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 32 GPM with a drawdown of
8 feet after 5 hours of pumping

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

Robert C Smith 0-645
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

Ground Level

B-106

[illegible]

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GARAGE

WELL

ONE WAY

A diagram of a rectangular house. The top edge is labeled "HOUSE". The left edge is labeled "N" and the right edge is labeled "S". The width of the house is labeled w at the bottom.

Landowner Name:

LARRY OR

[Signature]

Signature of Water Well Contractor