

State Well Report

Part 1

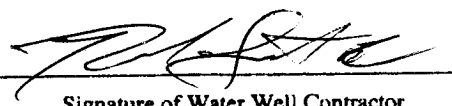
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: B-107137
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: Bob Smart
Date drilling completed: 8/19/04

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>DEAN TWADALE</u> | Latitude: _____ " Longitude: _____ " | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | |
| Mailing Address: <u>LOT # 71</u> <u>GOLDEN POND SUB</u> <u>CRANFORD MS. 38618</u> | City: _____ State: _____ Zip Code: _____ | 1/4 _____ 1/4 Sec <u>C-33</u> Twn <u>T45</u> Rng <u>R2W</u> | |
| Telephone No. <u>(901) 601-0456</u> | Distance: <u>2</u> Miles | Direction: <u>E</u> | Nearest Town: <u>CRANFORD</u> |
| Well Data | | | |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | | | |
| Date well drilling started: _____ Date well drilling completed: _____ | | | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | | | |
| Static Water Level: <u>18</u> feet above or <u>below</u> (circle one) land surface Date measured: _____ | | | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | | | |
| Hole depth: <u>100</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet | | | |
| Type of grout (circle one) <u>Cement</u> Bentonite Mix | | | |
| Casing length: <u>90</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>1/4 TRUSS</u> inches Setting depth: From <u>90</u> feet to <u>100</u> 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): _____ | | | |
| 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 C SMITH C-645</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)

County: Tipton
 Permit #: _____
 Driller: Bob Smart
 Date completed: 8-19-04

For Office Use Only:

Aquifer: _____
 Well #: B-107
 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>DEAN TWADDE</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>lot # 71</u> <u>Green Pond Sub</u> <u>Coahoma MS. 38618</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. <u>(901) 601-0456</u> | _____ 1/4 _____ 1/4 Sec <u>C-33</u> Twn <u>T4S</u> Rng <u>R7W</u> |
| | Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Coahoma</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <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>1 1/2</u> |
| Date Pump Installed: <u>8-19-04</u> | Setting Depth: <u>40</u> feet |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute | Number of Stages: <u>14</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>8-19-04</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>20</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>25</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>34</u> GPM with a drawdown of |
| Test Pumping Rate: <u>34</u> Gallons Per Minute | <u>5</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.

Robert Smart 0-645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer