

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-113
L. S. Elevation:
E-log #:

137

County: TATE
Permit #:
Driller: BOB SMITH
Date drilling completed: 11-8-04

Smith Well Drilling + Se

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: Owner Name EDDIE NEWSOME, Mailing Address HASSEL RD, City COVINGTON MS, State MS, Zip Code 38618, Telephone No (662) 622-3775. Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, Distance 4 Miles, Direction NE, Nearest Town COVINGTON.

Well Data: Purpose of Well (Home), Date well drilling started 11-8-04, Date well drilling completed 11-8-04, Static Water Level 50 feet above or below land surface, Method of Measurement (electric tape), Hole depth 140, Well depth 140, Well grouted to a depth of 10 feet, Type of grout (Cement), Casing length 130 feet, Casing diameter 4 inches, Type of casing PVC, Screen length 10 feet, Screen diameter 4 inches, Type of screen PVC, Screen slot size 1/4 inches, Setting depth: From 130 feet to 140 feet, Type of completion (Washed Sand), Top of lap pipe or reduction in casing, Logs run.

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.

ROBERT C SMITH # 0-645
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
NOV 10 2004
DEPT. OF ENVIRONMENTAL QUALITY

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-113

Elevation: _____

137

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 11-8-04

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 | Well Location |
|--|---|
| Owner Name: <u>EDDIE NEWSOME</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>HAASEL RD</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>COQUATEEN MS. 38618</u> | _____ 1/4 _____ 1/4 Sec <u>C-23</u> Twn <u>TYS</u> Rng <u>R-2W</u> |
| City: _____ State: _____ Zip Code: _____ | Distance: _____ Direction: _____ Nearest Town: _____ |
| Telephone No: <u>(662) 622-3775</u> | <u>4</u> Miles <u>NE</u> of <u>COQUATEEN</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift: _____ | Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____ |
| Bucket: _____ | <u>Electric Motor</u> : _____ Hand: _____ Tractor PTO: _____ |
| Centrifugal: _____ | Windmill: _____ Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>11-8-04</u> | Setting Depth: <u>600</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>11-8-04</u> | Air Line: _____ <u>Electric Measuring Line</u> : _____ Steel Tape: _____ |
| Static Water Level (A): <u>50</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>54</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown: [(B) - (A)]: <u>4</u> Feet Below Land Surface | Well yielded <u>16</u> GPM with a drawdown of |
| Test Pumping Rate: <u>16</u> Gallons Per Minute | <u>4</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.

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

[Signature]
 Signature of Pump Installer

RECORDED
 DEC 23 2004
 BY CLYDE