

State Well Report

Part I

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-114
L. S. Elevation: _____
E-log #: _____

County: TATE 137
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 2/1/05

Smith Well Drilling and Service
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>RICHARD WATKINS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4580 ARKADIA RD.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>Colquhoun, 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</u> <u>1/4</u> Sec <u>B-32</u> Twn <u>T45</u> Rng <u>R-8W</u>
Telephone No: <u>(601) 490-8081</u>	Distance: _____ Miles Direction: <u>W</u> of Nearest Town: <u>Colquhoun</u>

Well Data	
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____	Date well drilling started: <u>2-11-05</u> Date well drilling completed: <u>2-11-05</u>
Is flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>100</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>2-11-05</u>
Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line other: _____	Hole depth: <u>165</u> Well depth: <u>165</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	Casing length: <u>155</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 THRU 20S</u> inches Setting depth: From <u>155</u> feet to <u>165</u> feet
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.

Print Name of Water Well Contractor and License No. BOB SMITH 0645 Signature of Water Well Contractor [Signature]

RECEIVED
MAR 07 2005
BY: OLWR

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 39288-0631
 (601)961-5230
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: B-114

Elevation: _____

County: JACKSON

Permit #: _____

Driller: BOB SMITH

Date completed: 2-11-05

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: RICHARD WATKINS

Mailing Address: 4580 ANNABURD AD

COVINGTON, MS 38618
 City State Zip Code

Telephone No: 901.490-8081

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

1/4 Sec B-32 Twn T45 Rng R-8W

Distance _____ Direction _____ Nearest Town _____

5 Miles W of COLOMETER

Pump Type
Circle one

Air Lift _____ Jet: Submersible

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 2-11-05

Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine _____ Gasoline Engine _____ Natural Gas _____

Electric Motor _____ Hand _____ Tractor PTO _____

Windmill _____ Other (specify): 3/4

Motor Power Rating of Motor: _____

Setting Depth: 120 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 2-11-05

Static Water Level (A): 100 Feet Below Land Surface

Pumping Water Level (B): 105 Feet Below Land Surface

Drawdown ((B) - (A)): 5 Feet Below Land Surface

Test Pumping Rate: 12 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ 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 12 GPM with a drawdown of 5 feet after _____ hours of pumping

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

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

[Signature]
 Signature of Pump Installer

RECEIVED

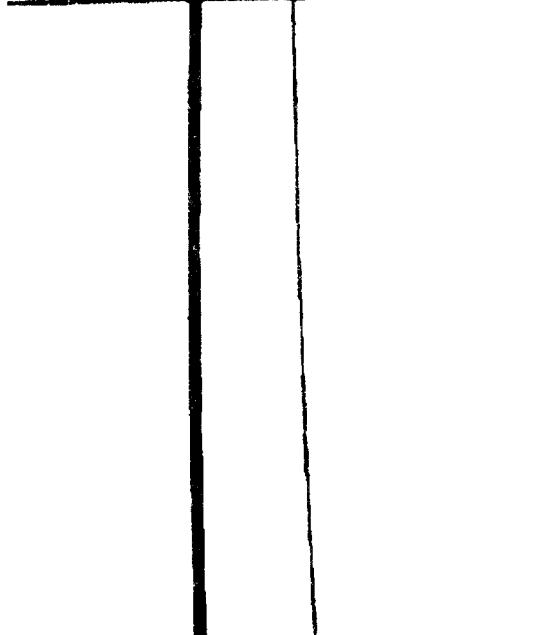
MAR 07 2005

BY: OLWR

13-114

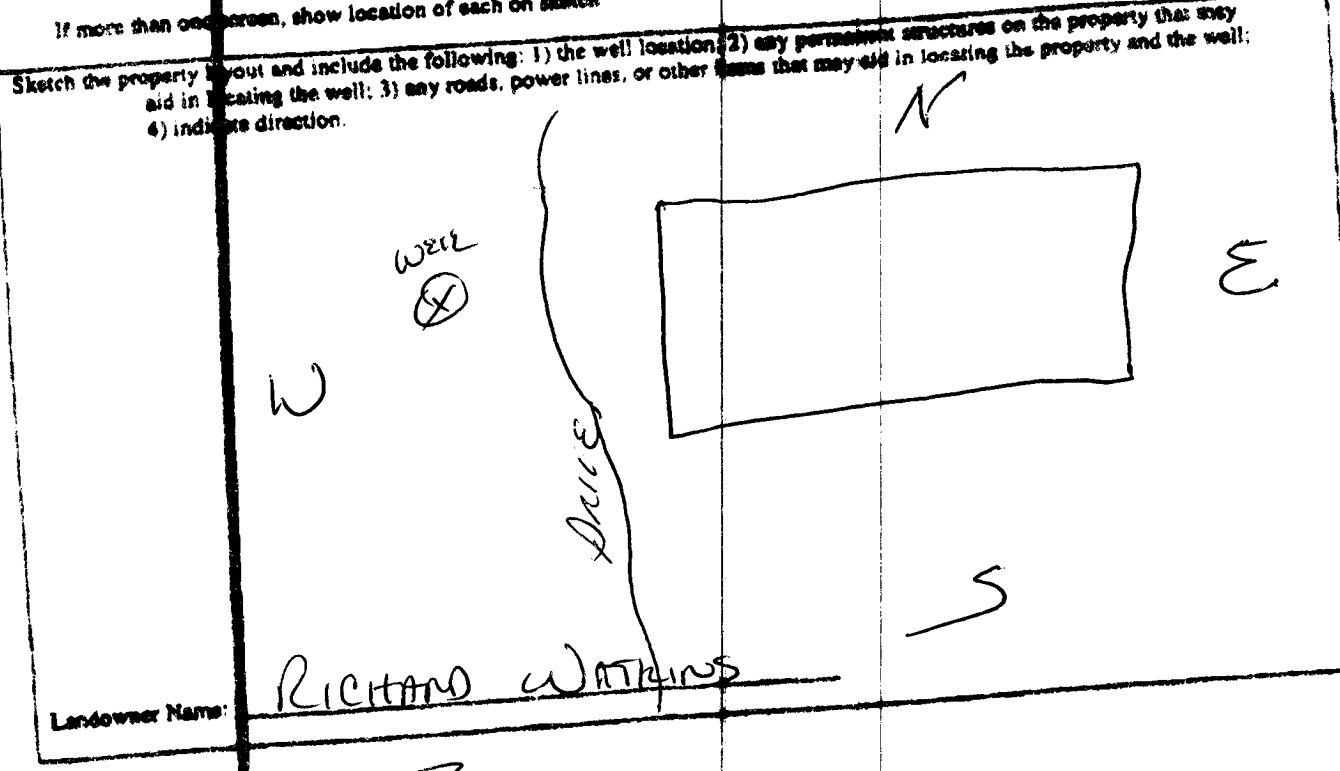
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	3
RED CLAY & SAND	3	40
RED SAND & GRASS	40	90
WHITE CLAY	90	130
WHITE SAND	130	165

If more than one screen, show location of each on sketch



Landowner Name: Richard Watkins

Signature of Well Contractor: [Signature]

RECEIVED
MAR 07 2005
BY: OLWR