

# 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-136  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 7-3-06

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>WHITE DEVELOPMENT</u> Mailing Address: <u>8000 ROSEMONT</u> <u>OLIVE BRANCH</u> <u>MS. 38654</u> City State Zip Code Telephone No. <u>(662) 895-6014</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec <u>C.34</u> Twn <u>745</u> Rng <u>R7W</u> Distance Direction Nearest Town <u>3</u> Miles <u>E</u> of <u>COLLIER</u>

**Well Data**

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

Date well drilling started: 7-2-06 Date well drilling completed: 7-3-06

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 7-3-06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10 THOUS. inches Setting depth: From 145 feet to 155 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): WASHED SAND

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.

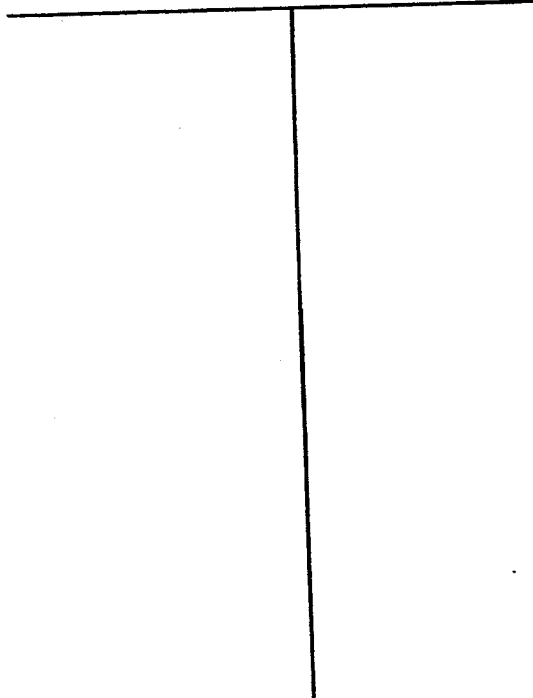
BOB SMITH 0-645 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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B-136

If well telescopes please sketch below and show depths.

Ground Level



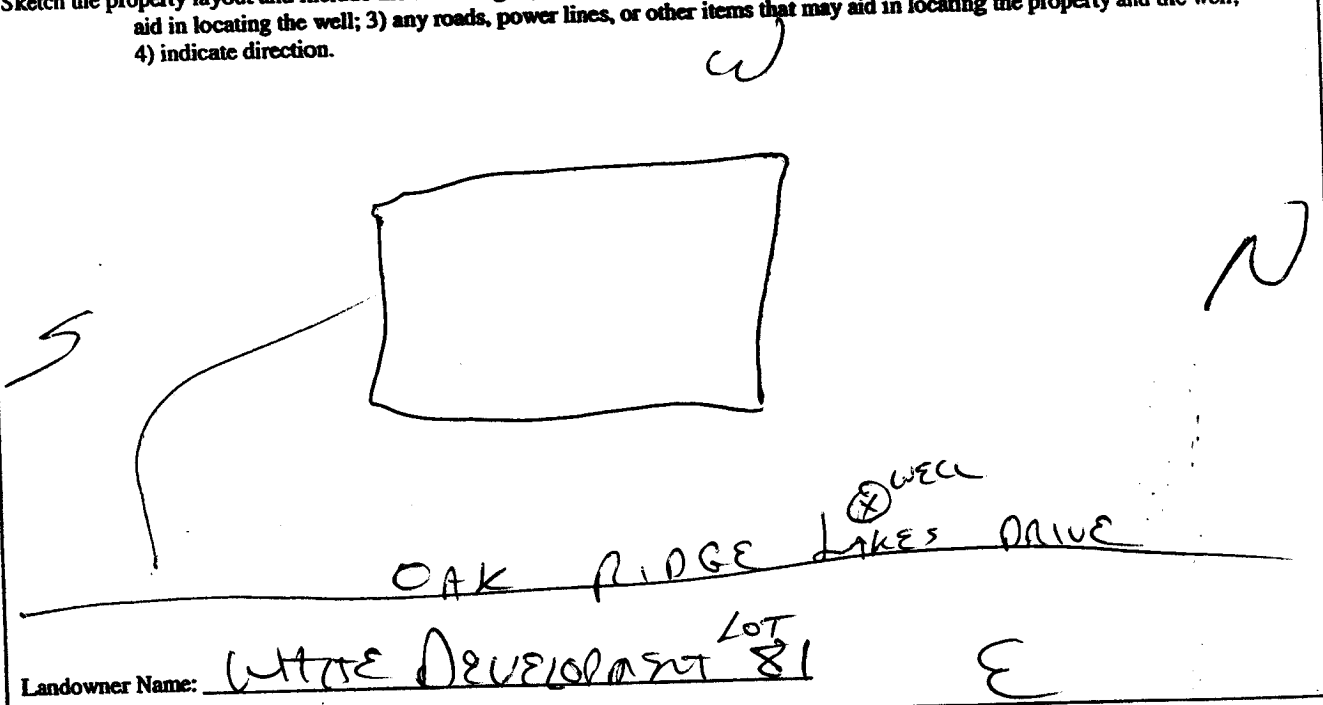
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
WHITE CLAY	18	22
GREY CLAY	22	110
WHITE SAND	110	135

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.



[Signature]  
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-136

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

County: TATE

Permit #: \_\_\_\_\_

Driller: BOB SMITH

Date completed: 7-3-06

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>WHITE DEVELOPMENTS</u> <sup>601 81</sup>	Latitude: _____ Longitude: _____
Mailing Address: <u>8200 ROSEMONT</u> <u>OLIVE BRANCH</u> <u>MS. 38654</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>C-34</u> Twn <u>T-15</u> Rng <u>R-7W</u>
Telephone No. <u>(662) 895-6014</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>E</u> of <u>COLUMBIAN</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>7-3-06</u>	Setting Depth: <u>140</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>7-3-06</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>95</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>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>5</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.

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

[Signature]  
Signature of Pump Installer

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