

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-154
L. S. Elevation: _____
E-log #: _____

County: Tate
Permit #: _____
Driller: Bob Smith
Date drilling completed: 3-13-07

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 26 Golden Pond</u>	Method of Lat/Long (circle one): Conventional Survey
<u>10kwater Ms. 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4 1/4 Sec 33 Twn T4S Rng R7W</u>
Telephone No. <u>901-361-8257</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2 Miles E of COLWATER</u>

Well Data

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

Date well drilling started: _____ Date well drilling completed: 3-13-07

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 3-13-07

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

Hole depth: 144 Well depth: 144 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 194 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13TANUS inches Setting depth: From 134 feet to 144 feet

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development
Other (describe): Underbed 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 0-1046 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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B-154

If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
Top soil	0	5
Brown clay	5	20
White clay	20	40
Grey clay	40	86
White sand/clay	86	110
White sand	110	144

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.

Landowner Name: Larry Daly


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: Tate
Permit #: _____
Driller: Bob Smith
Date completed: 3-13-07

For Office Use Only:
Aquifer: _____
Well #: B-154
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>Larry Day</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot 20 Golden Pond</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Woodwater Ms. 38006</u>	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>T4S</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901-361-8261</u>	<u>2</u> Miles <u>E</u> of <u>Woodwater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>3-13-07</u>	Setting Depth: <u>80'</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>3-13-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>74</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>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</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.

Bob Smith 0-045 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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