

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-158
 L. S. Elevation: _____
 E-log #: _____

County: Tate
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 3/22/07

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>Mime Adams</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Lot 86 Oakledge</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Goldwater Ms. 38618</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>C34</u> Twa <u>T45</u> Rng <u>R2W</u> |
| Telephone No. <u>(901)-461-8841</u> | Distance _____ Direction _____ Nearest Town _____ |
| | <u>4</u> Miles <u>E</u> of <u>GOLDWATER</u> |

Well Data

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

Date well drilling started: 3-22-07 Date well drilling completed: 3-22-07

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

Static Water Level: 100 feet above of below (circle one) land surface Date measured: 3-22-07

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1378005 inches Setting depth: From 160 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Undersanded Telescoped Open hole Natural Development
 Other (describe): Washed sand

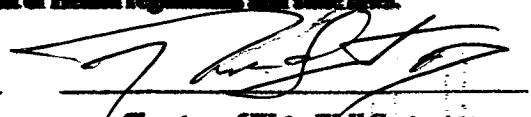
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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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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-158

Elevation: _____

County: Tate
 Permit #: _____
 Driller: Bob Smith
 Date completed: 3/22/07

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>Mike Adams</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Lot 80 Cambridge</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Colliester MS 38018</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec C34 Twn T45 Rng R7W</u> |
| Telephone No. <u>901-401-8840</u> | Distance Direction Nearest Town |
| | <u>4 Miles E of Colliester</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>3/22/07</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>3/22/07</u> | Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>100</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>105</u> Feet Below Land Surface | For flowing well, measured static head: _____ feet |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface | Well yielded <u>13</u> GPM with a drawdown of |
| Test Pumping Rate: <u>13</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 0245 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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