

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:

Applicator: _____
 Well #: B-167
 L. S. Elevation: _____
 E-log #: _____

County: TATE
 Permit #: _____
 Driller: 4-18-07
 Date drilling completed: 4-18-07

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>PATRICK HOLLAND</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>545 CALVERT</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLUMBIA, MS. 38618</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>1/4 1/4 Sec C-27 Twa T4S Rng N7W</u>
Telephone No. <u>601 922-5970</u>	Distance Direction Nearest Town
	<u>3 Miles E of COLUMBIA</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 4-18-07 Date well drilling completed: 4-18-07
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 60 foot above or below (circle one) land surface Date measured: 4-18-07
 Method of Measurement (circle one) electric tape steel tape air line other: _____
 Hole depth: 155 Well depth: 155 Well grouted to a depth of 10 feet
 Type of grout (circle one): Concrete Bentonite Mix
 Casing length: 135 foot Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 foot Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 1/32 IN inches Setting depth: From 135 foot 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 logs: _____

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 04045
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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MAY 09 2007

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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Tate
 Permit #: _____
 Driller: Bob Smith
 Date completed: 4-18-07

For Office Use Only:

Aquifer: _____
 Well #: B-167
 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.

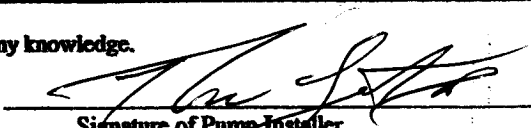
Well Owner Information	Well Location
Owner Name: <u>Patricia Holand</u> Mailing Address: <u>545 Colicut</u> <u>Coldwater MS 39018</u> City State Zip Code Telephone No. <u>601-672-5970</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>C-27</u> Twn <u>T45</u> Rng <u>R7W</u> Distance Direction Nearest Town <u>3</u> Miles <u>E</u> of <u>COLDWATER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-18-07</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-18-07</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>64</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>14</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>14</u> GPM with a drawdown of <u>4</u> feet after _____ hours of pumping

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

Bob Smith 0-1045
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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