

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-168
 I. S. Elevation: _____
 B-log #: _____

County: Tate
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 4-21-07

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>Josh Harper</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>Lot 34 Arrowhead</u>	_____ 1/4 _____ 1/4 Sec. <u>6-33</u> Twn <u>T4S</u> Rng <u>R7N</u>		
<u>Tate</u>	Distance: <u>7</u> Miles	Direction: <u>East</u>	Nearest Town: <u>Goldwater</u>
<u>Goldwater MS 38608</u>			
City State Zip Code			
Telephone No. <u>901, 433-4687</u>			
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>4-21-07</u>		Date well drilling completed: <u>4-21-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>60</u> feet above or below (circle one) land surface		Date measured: <u>4-21-07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>136</u>		Well depth: <u>136</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>126</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>13 rows</u> inches Setting depth: From <u>126</u> feet to <u>136</u> feet			
Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole 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): 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.			
<u>Bob Smith</u> <u>0645</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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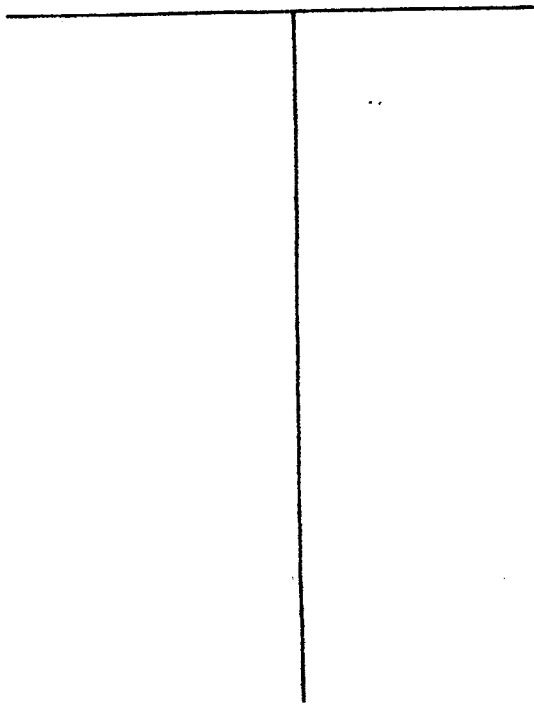
MAY 09 2007

BY: OLWR

B-168

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	19
GREY CLAY	19	80
WHITE CLAY + SAND	80	100
WHITE SAND	100	130

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: Josh Harper

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-168

Elevation: _____

County: Talbot
 Permit #: _____
 Driller: Bob Smith
 Date completed: 4-21-07

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>Josh Harper</u> Mailing Address: <u>Lot 34 Arrowhead</u> <u>TRULU</u> <u>Coldwater MS 38608</u> City State Zip Code Telephone No. <u>906 483-4987</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-33</u> Twn <u>T4S</u> Rng <u>R-9W</u> Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>COLDWATER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-21-07</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <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>4-21-07</u> Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): <u>63</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>3</u> feet after _____ hours of pumping

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

Bob Smith 0645
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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 MAY 09 2007
 BY: OLWR