

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-120
L. S. Elevation: _____
E-log #: _____

County: JACKSON
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 5-25-07

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>TOMMY WHITE</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>8200 ROSEMONT</u> | Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>OLIVE BRANCH, MS 38654</u> | <u>1/4 1/4 Sec C-34 Twn 74S Rng R2W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(901) 331-1181</u> | <u>4</u> Miles <u>E</u> of <u>COLDWATER</u> |

Well Data

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

Date well drilling started: 5-25-07 Date well drilling completed: 5-25-07

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 5-25-07

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

Hole depth: 185 Well depth: 185 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13/64 inches Setting depth: From 175 feet to 185 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 0645 [Signature]
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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B-170

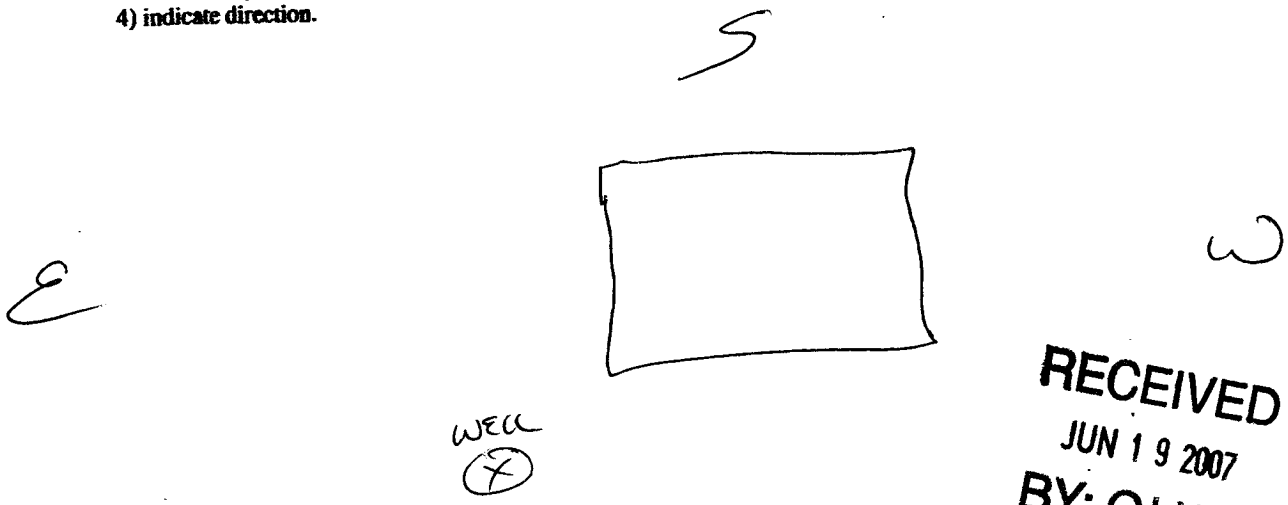
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 5 |
| Brown Clay | 5 | 29 |
| Red Sand + Clay | 29 | 40 |
| Gravel | 40 | 60 |
| White Clay | 60 | 110 |
| White Sand | 110 | 160 |
| White Clay | 160 | 170 |
| White Sand | 170 | 185 |
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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.



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Landowner Name: Tommy White W

[Signature]
 Signature of Water Well Contractor

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: 5-25-07

For Office Use Only:

Aquifer: _____
 Well #: B-170
 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>TOMMY WHITE</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>8200 ROSEMONT</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>OLIVE BRANCH, MS 38654</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>1-34</u> Twn <u>T4S</u> Rng <u>R2W</u> |
| Telephone No. <u>901 331-1181</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>E</u> of <u>LOGDUNTER</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input 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>5-25-07</u> | Setting Depth: <u>140</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>5-25-07</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>130</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>134</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>13</u> GPM with a drawdown of |
| Test Pumping Rate: <u>13</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 0645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer