

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)954-6998 (fax)

For Office Use Only:

Applicator: _____
Well #: B-191
L. S. Elevation: _____
B-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 3-8-08

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.		
<u>OLIVE BRANCH, MS 38654</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>C-34</u> Twn. <u>T-15</u> Rng. <u>R-7W</u>		
Telephone No. <u>(901) 331-1181</u>	Distance _____	Direction _____	Nearest Town _____
	<u>3</u> Miles	<u>E</u>	of <u>COLWATER</u>
Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: <u>3-8-08</u>		Date well drilling completed: <u>3-8-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>100</u> feet above or <input checked="" type="radio"/> below (circle one) land surface		Date measured: <u>3-8-08</u>	
Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____			
Hole depth: <u>147</u>		Well depth: <u>147</u>	
Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: <u>137</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 TITUS</u> inches			
Setting depth: From <u>137</u> feet to <u>147</u> feet			
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Unfinished <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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 contact of pipe			
Logs run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.			
<u>BOB SMITH</u>		<u>0645</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

RECEIVED

MAR 31 2008

BY: OLWR

If well telescopes please sketch below and show depths.

B-191

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	19
RED CLAY	19	40
WHITE SAND + CLAY	40	98
WHITE SAND	98	147

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: TOMMY WHITE E

[Signature]
Signature of Water Well Contractor

RECEIVED
MAR 31 2008
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)

For Office Use Only:

Aquifer: _____

Well #: B-191

Elevation: _____

County: TATE

Permit #: _____

Driller: BOB SMITH

Date completed: 3-8-08

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 ROSEWOOD</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	<u>14 14 Sec. R34 Twn T45 Rng R7W</u>
Telephone No. <u>(901) 331-1181</u>	Distance Direction Nearest Town
	<u>3 Miles E of COLDWATER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>3-8-08</u>	Setting Depth: <u>120</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>3-8-08</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
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 shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>11</u> GPM with a drawdown of
Test Pumping Rate: <u>11</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 0645
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED
MAR 31 2008
BY: OLWR