

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10691
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: B-197
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 6-1-08

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>Lot 104 Oak Ridge Lakes</u> <u>Coldwater, MS 38618</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>906 331-1181</u>	Distance Direction Nearest Town <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: 6-1-08 Date well drilling completed: 6-1-08

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 6-4-08

Method of Measurement (circle one): steel tape electric tape air line other: STRING + WEIGHT

Hole depth: 160 Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10 TROUS. inches Setting depth: From 140 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Unscreened Telescoped Open hole Natural Development
Other (describe): WASHED SAND

Top of tap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe contact of pipe

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.

Print Name of Water Well Contractor and License No. BOB SMITH 0645 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)

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 6-4-08

For Office Use Only:
 Aquifer: _____
 Well #: B-197
 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>Lot 104 Oak Ridge Lakes</u> <u>Cocumatch, MS 38618</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>901 331-1181</u>	Distance Direction Nearest Town <u>4 Miles E of Cocumatch</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>6-4-08</u>	Setting Depth: <u>130</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>6-4-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): <u>STRING + WEIGHT</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured slant in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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