

# 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-198  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 6-26-08

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>STEVE HAMBERGEN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4985 HWY 306</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey.
<u>COLDWATER, MS. 38618</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec C-25 Twp T45 Rng R7W</u>
Telephone No. <u>703 960-1311</u>	Distance Direction Nearest Town <u>5 Miles E of COLDWATER</u>

**Well Data**

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

Date well drilling started: 6-26-08 Date well drilling completed: 6-26-08

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 6-26-08

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/32 THOUS inches Setting depth: From 100 feet to 110 feet

Type of completion (circle all applicable):  Gravel packed  Uncased  Telescoped  Open hole  Natural Development  
Other (describe): UNCASED 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 0645 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUL 21 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)

County: TASC  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 6-26-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-198  
 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>STEVE AMBERGER</u> Mailing Address: <u>4985 Hwy 306</u> <u>Colonna, MS. 38618</u> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone No. <u>703 960-1311</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>1/4 Sec G25 Twn 74S Rng R7W</u> Distance _____ Direction _____ Nearest Town _____ <u>5 Miles E of Colonna</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> Bucket: Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>6-26-08</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>60</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-26-08</u> Static Water Level (A): <u>34</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>17</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>LINE + WEIGHT</u> For flowing well, measured start in head: _____ feet Well yielded <u>17</u> GPM with a drawdown of _____ 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]  
Signature of Pump Installer

RECEIVED  
JUL 21 2008  
BY: OLWR