

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)

County: TATE
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 6-27-08

For Office Use Only:
 Aquifer: _____
 Well #: B-199
 L. S. Elevation: _____
 E-log #: _____

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 HAMBURGER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4985 Hwy 386</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLWATER, MS. 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 Sec 25 Twp T45 Rng R7W</u>
Telephone No. <u>003 960-1311</u>	Distance Direction Nearest Town
	<u>5 Miles E of COLWATER</u>

Well Data

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

Date well drilling started: 6-27-08 Date well drilling completed: 6-27-08

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

Static Water Level: 39 feet above or below (circle one) land surface Date measured: 6-27-08

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: 13THOUS inches Setting depth: From 100 feet to 110 feet

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

Top of log 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 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.

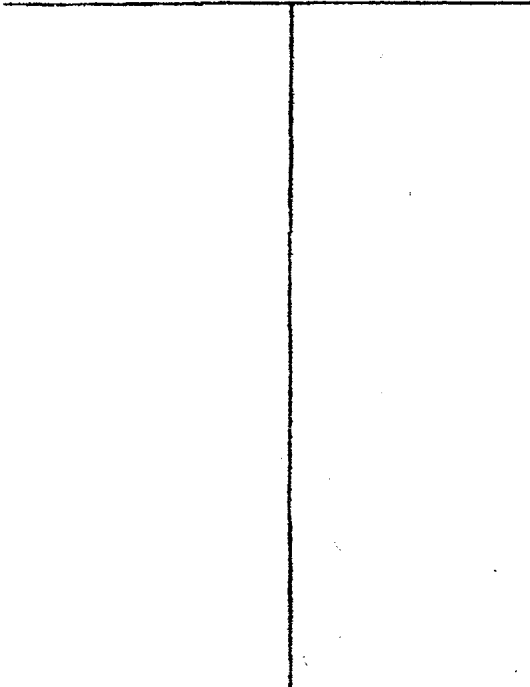
Bob Smith 0645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 JUL 21 2008
 BY: OLWR

B-199

If well telescopes please sketch below and show depths.

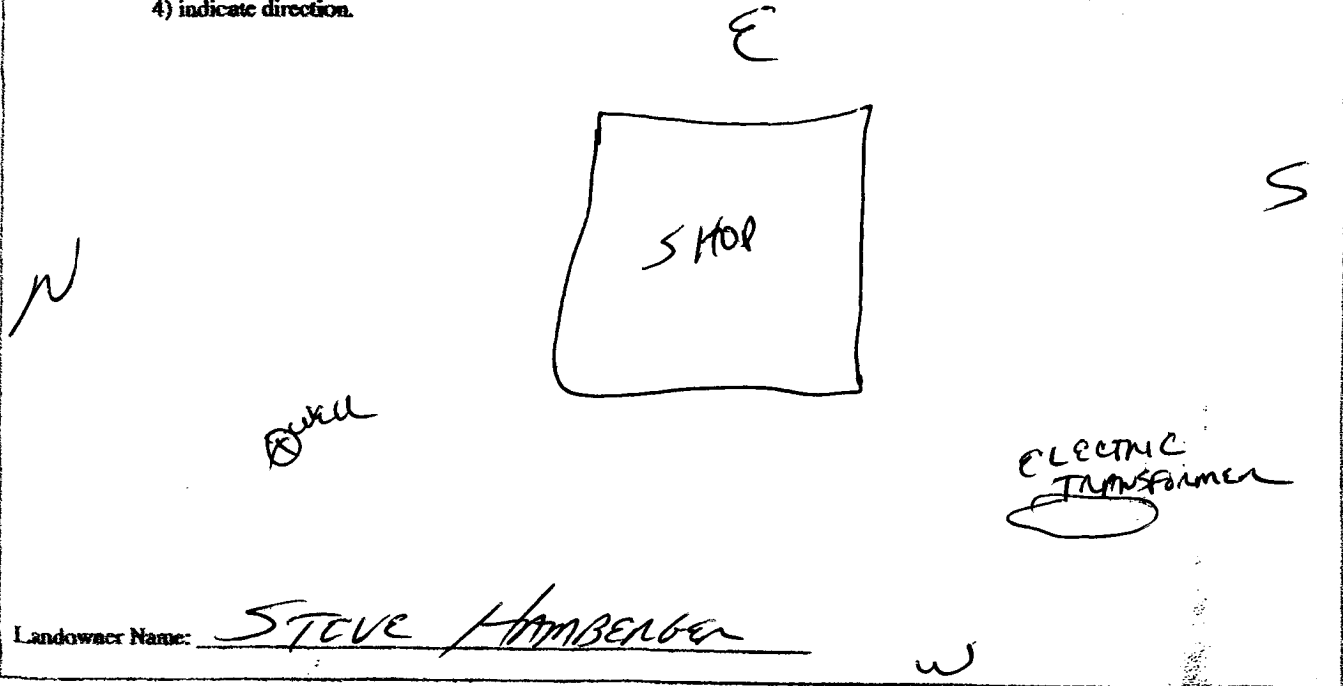
Ground Level

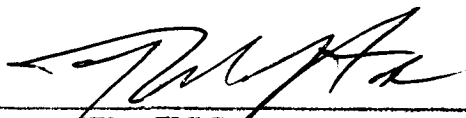


Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	36
RED SAND + GRAVEL	36	53
WHITE CLAY	53	76
WHITE SAND	76	110

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.




Signature of Water Well Contractor

RECEIVED
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: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 6-27-08

For Office Use Only:

Aquifer: _____
 Well #: B-199
 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.

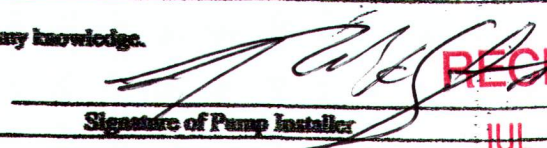
Well Owner Information	Well Location
Owner Name: <u>STEVE HAMBERGEN</u> Mailing Address: <u>4985 Hwy 306</u> <u>Colowater, MS 38618</u> <small>City State Zip Code</small> Telephone No. <u>(703) 960-1311</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>1/4 1/4 Sec G25 Twn 74S Rng R7W</u> Distance Direction Nearest Town <u>5 Miles E of Colowater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-27-08</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="checkbox"/> Electric Motor Hand <input type="checkbox"/> Tractor PTO Windmill 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>2-27-08</u> Static Water Level (A): <u>39</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>16</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>16</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 of Pump Installer

RECEIVED
 JUL 21 2008
 BY: OLWR