

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10931
Jackson, MS 39289-0931
(601)961-5210
(601)954-6938 (fax)

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 7-5-08

For Office Use Only:
Aquifer: _____
Well #: B-200
L.S. Elevator: _____
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>JAMIE HESS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CHERRY DAE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLUMBIA, MS 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 Sec B-3 Twp 74S Rng R8W</u>
Telephone No. <u>901 283-9397</u>	Distance Direction Nearest Town
	<u>4 Miles S/W of COLUMBIA</u>

Well Data

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

Date well drilling started: 7-5-08 Date well drilling completed: 7-5-08

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

Static Water Level: 57 feet above or below (circle one) land surface Date measured: 7-5-08

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

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

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

Screen slot size: 10 TENS inches Setting depth: From 140 feet to 150 feet

Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development

Other (describe): WASHED SAND

Top of log pipe or section in casing: _____ feet. If telescoped or more than one screen, describe contents 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 under 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

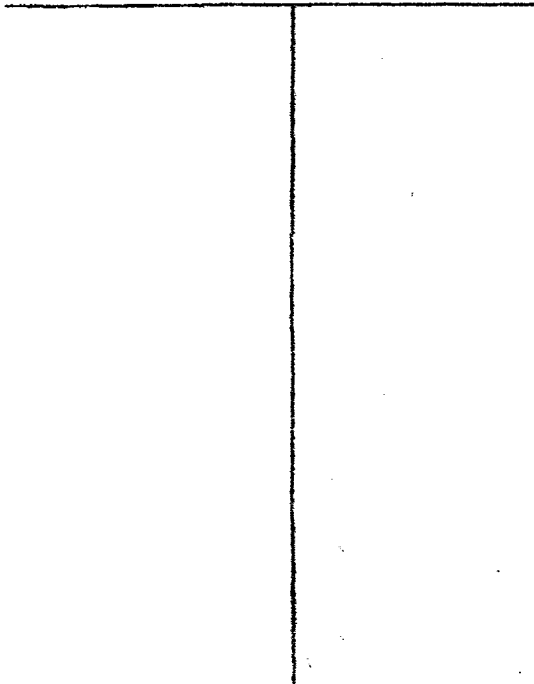
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BY: OLWR

If well telescopes please sketch below and show depths.

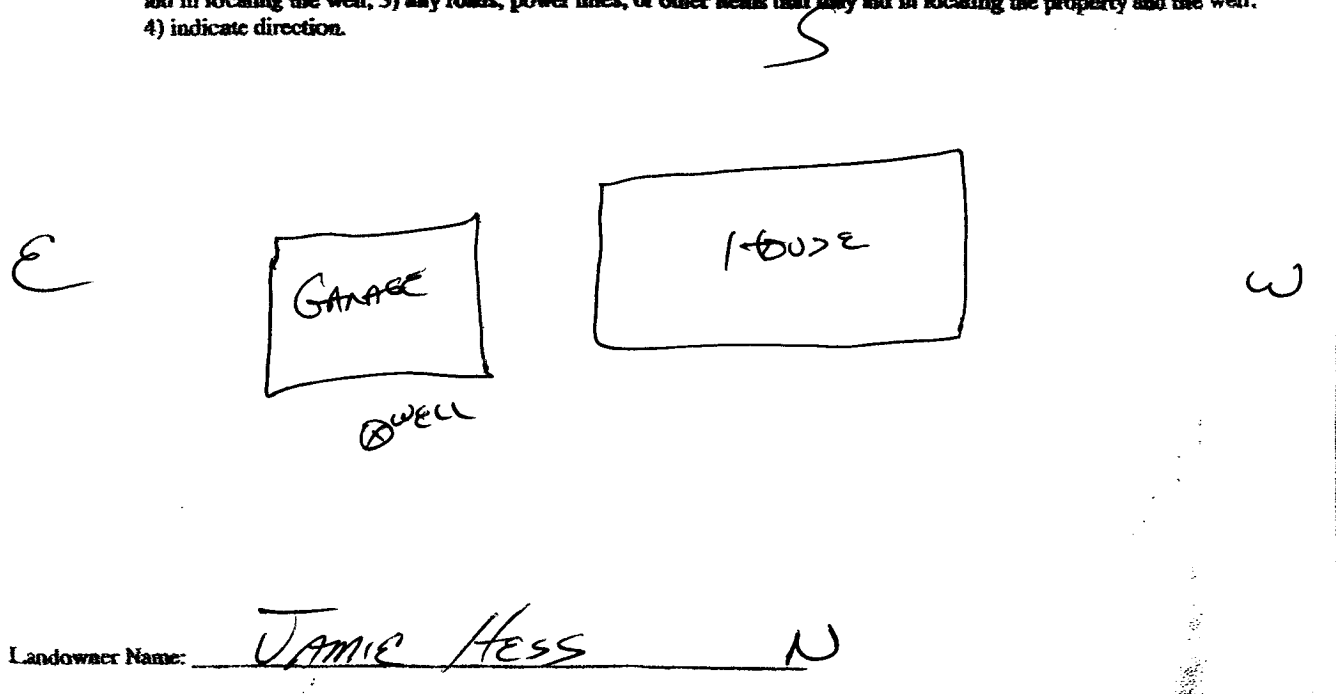
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
REDDISH CLAY	18	26
GREY CLAY	26	90
WHITE CLAY + SAND	90	127
WHITE SAND	127	150

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: JAMIE HESS N

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: 7-5-08

For Office Use Only:

Aquifer: _____
 Well #: B-200
 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>JAMIE HESS</u> Mailing Address: <u>CHEMUNY DR</u> <u>COLUMBIA, MS 38618</u> City State Zip Code Telephone No. <u>901, 283-9397</u>	Latitude: _____ Longitude: _____ 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>14</u> ¹⁴ Sec. <u>B-3</u> Twp <u>T4S</u> Rng <u>R8W</u> Distance Direction Nearest Town <u>4</u> Miles <u>S/W</u> of <u>COLUMBIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>7-5-08</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-5-08</u> Static Water Level (A): <u>57</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>14</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 static in head: _____ feet Well yielded <u>14</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

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