

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39226

For Office Use Only

Aquifer: _____

Well #: B-202

L.S. Elevation: _____

E-Long #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 12-17-08

State Law requires that this report be prepared by the driller in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JENNIFER ASHLEY</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>SCOTT RD</u>	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>COLWATER, MS 38618</u>	<u>1/4 1/4 Sec 36 Twn 74S Rng R2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-825-0618</u>	<u>5 Miles E of COLWATER</u>

Well Data

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

Date well drilling started: 12-17-08 Date well drilling completed: 12-17-08

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 12-18-08

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

Hole Depth: 210 Well depth: 210 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS inches Setting depth: From 190 feet to 210 feet

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

Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well 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 **RECEIVED**
 Print name of Water Contractor and License No. Signature of Water Well Contractor [Signature] JAN 14 2009

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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: B-202

Elevation: _____

County: TATE

Permit #: _____

Driller: Bob Smith

Date completed: 12-18-08

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JENNIFER ASHLEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SCOTT RD</u>	Method of Lat/Long (circle one): Conventional Survey
<u>COVINGTON, MS 38618</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 36 Twn 14 S Rng R 7 W</u>
Telephone No. <u>901 825-0618</u>	Distance _____ miles Direction _____ Nearest Town _____
	<u>5 E of COLOWATER</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-18-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>8</u> gallons per min	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>12-18-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>85</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut 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): _____ hrs	

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.

[Signature]
Signature of Pump Installer

RECEIVED
JAN 14 2009
BY: OLWR