

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: B 208
Well #: _____
L.S. Elevation: _____
E-Long #: _____

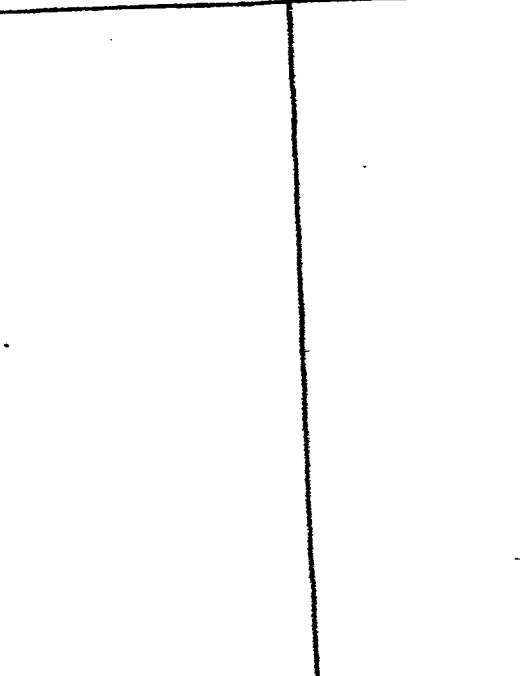
County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 10-16-10

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>ALLEN SHOEN</u>	Latitude: <u>34.42.19</u> Longitude: <u>89.55.25</u>
Mailing Address: <u>ORLICUTT 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>COLOWATER, MS 38618</u>	<u>N4145E 1/4 Sec 327 Twn 14S Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-622-5173</u>	<u>4</u> Miles <u>W</u> of <u>COLOWATER</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture Other _____	
Date well drilling started: <u>10-16-10</u> Date well drilling completed: <u>10-16-10</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>10-16-10</u>	
Method of Measurement (circle one) steel tape electric tape air line other <u>LINER WEIGHT</u>	
Hole Depth: <u>185</u> Well depth: <u>185</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>165</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>70</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/32</u> inches Setting depth: From <u>165</u> feet to <u>185</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development Other (describe): _____	
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.	
<u>BOB SMITH 0645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	22
RED SAND	22	36
GRAVEL	36	52
GREY CLAY	52	116
WHITE CLAY	116	145
WHITE SAND	145	185

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: ALLEN STUBEN 5

[Signature]
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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: _____

Elevation: _____

County: TAYLOR
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 10-16-10

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>ALLEN STORER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>COLLIER RD</u> <u>P.O. Box 486</u> <u>ANDREWS MS 38618</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 27 Twn 14 S Rng 27 W</u>
Telephone No: <u>662 622-5173</u>	Distance Direction Nearest Town <u>4</u> miles <u>W</u> of <u>ANDREWS</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>10-16-10</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>10-16-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>100</u> feet below Land Surface	Other(specify): <u>LINED WELL</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>27</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>27</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 [Signature]
 Print Name of Pump Installer and License No. Signature of Pump Installer

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