

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:	_____
Well #:	B214
L.S. Elevation:	_____
E-Long #:	_____

County:	TATE
Permit #:	_____
Driller:	BOB SMITH
Date drilling complet:	9-20-12

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: J. L. Manshall	Latitude: 34° 41' 52" Longitude: 89° 56' 35"
Mailing Address: 157 Golden Way COLUMBIANA, MS - 38618	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code: COLUMBIANA MS 38618	NE 1/4 NW 1/4 Sec 23 Twn 74 S Rng R12 W
Telephone No. 901 860-5143	Distance Direction Nearest Town 4 Miles E of COLUMBIANA
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: 9-20-12 Date well drilling completed: 9-20-12	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: 25 feet above or <u>below</u> (circle one) land surface Date measured: 9-21-12	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: 120 Well depth: 120 Well grouted to a depth of 10 feet	
Type of grout: (circle one): Cement <u>Bentonite</u> Mix	
Casing length: 110 feet Casing diameter: 4 inches Type of casing: <u>PVC</u>	
Screen length: 10 feet Screen diameter: 4 inches Type of screen: <u>PVC</u>	
Screen slot size: 13 TUBS inches Setting depth: From 110 feet to 120 feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction incasing: _____ 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 0-645
Print name of Water Contractor and License No.

[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 #: B214

Elevation: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 9-21-12

This report be prepared by the pump installer 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>JL MANSFIELD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>157 Golden Way</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>COLUMBIA, 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 1.33 Twn 14S Rng 12W</u>
Telephone No. <u>(901) 860-8743</u>	Distance Direction Nearest Town
	<u>4 miles E of COLUMBIA</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 1/2</u>
Date Pump Installed: <u>9-21-12</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>70</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>9-21-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>25</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping 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>30</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</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 0-645 _____
 Print Name of Pump Installer and License No. Signature of Pump Installer

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