

State Well Report

Part 1

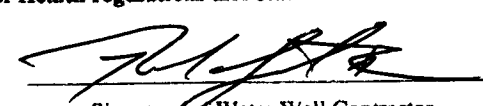
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: C-200137
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 8-30-04

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>J+J CONCRETE</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>193 WATERFIELD RD</u>	_____ 1/4 _____ 1/4 Sec <u>D-11</u> Twn <u>T45</u> Rng <u>R6W</u>		
<u>OCOLA WATEL, MS 38618</u>	Distance: <u>3</u> Miles	Direction: <u>N</u>	Nearest Town: <u>INDEPENDENCE</u>
City State Zip Code	of _____		
Telephone No. <u>(662) 233-4036</u>			
Well Data			
Purpose of Well (circle one) Home <input type="radio"/> <u>Industrial</u> <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	Date well drilling started: <u>8-30-04</u> Date well drilling completed: <u>8-30-04</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>30</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-30-04</u>		
Method of Measurement (circle one) steel tape <input type="radio"/> <u>electric tape</u> <input type="radio"/> air line <input type="radio"/> other: _____	Hole depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <u>Cement</u> <input type="radio"/> Bentonite <input type="radio"/> Mix <input type="radio"/>	Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>14TAPS</u> inches Setting depth: From <u>130</u> feet to <u>140</u> feet		
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	Other (describe): <u>WASHED SHO</u>		
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.		
<u>BOB SMITH 0645</u>			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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If well telescopes please sketch below and show depths.

Ground Level

C-200

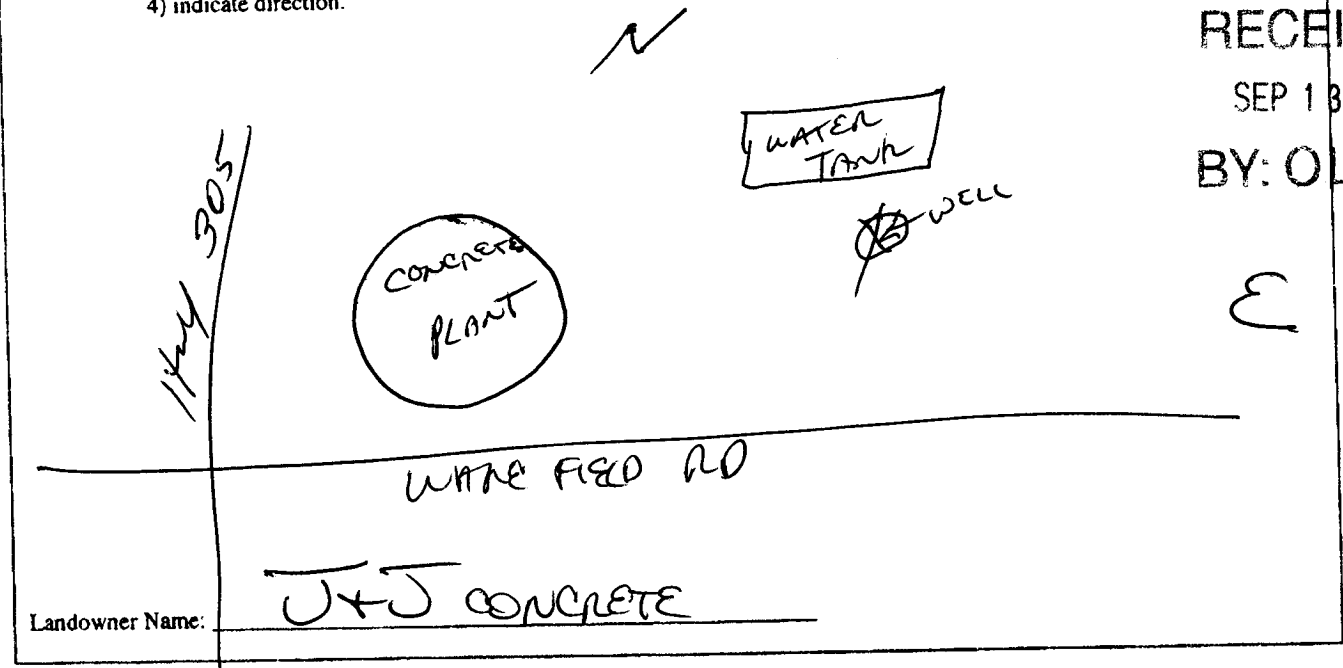
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
WHITE CLAY	5	40
YELLOW + GREY CLAY	40	73
WHITE CLAY + SAND	73	110
WHITE SAND	110	140

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:

J+J CONCRETE

[Handwritten Signature]
Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____

Well #: C-200

Elevation: _____

County: TATE
 Permit #: _____
 Driller: Rob Smith
 Date completed: 8-30-04

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>J & J CONCRETE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>193 WAREFIELD RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COLONIA MS 3868</u>	_____ 1/4 _____ 1/4 Sec <u>D11</u> Twn <u>T4S</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 233-4036</u>	<u>3</u> Miles <u>N</u> of <u>INDIVIDENCE</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>3/4</u>
Date Pump Installed: <u>8-30-04</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-30-04</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>34</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>4</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Roberta C Smith 0645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer