

State Well Report Part I

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 #: <u>C-205</u>
L. S. Elevation: _____	E-log #: _____

County: <u>Tipton</u>
Permit #: _____
Driller: <u>Robt Smith</u>
Date drilling completed: <u>12-28-04</u>

Smith Well Drilling and Service
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>Mike Lewis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>INDEPENDENCE RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>COLLIER, MS 38618</u>	USGS quad. Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>1/4 Sec D-30 Twn T-45 Rng R-6W</u>
Telephone No (_____) _____	Distance <u>2 1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Pineville</u>

Well Data	
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____	Date well drilling completed: <u>12-28-04</u>
Date well drilling started: <u>12-28-04</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>12-28-04</u>	Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line other: _____
Hole depth: <u>166</u> Well depth: <u>166</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>156</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>1/4 inch</u> inches Setting depth: From <u>156</u> feet to <u>166</u> feet	Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	Other (describe): <u>WASHED SAND</u>
Logs run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron 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.

ROBERT C. SMITH, III 0-645 _____
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.

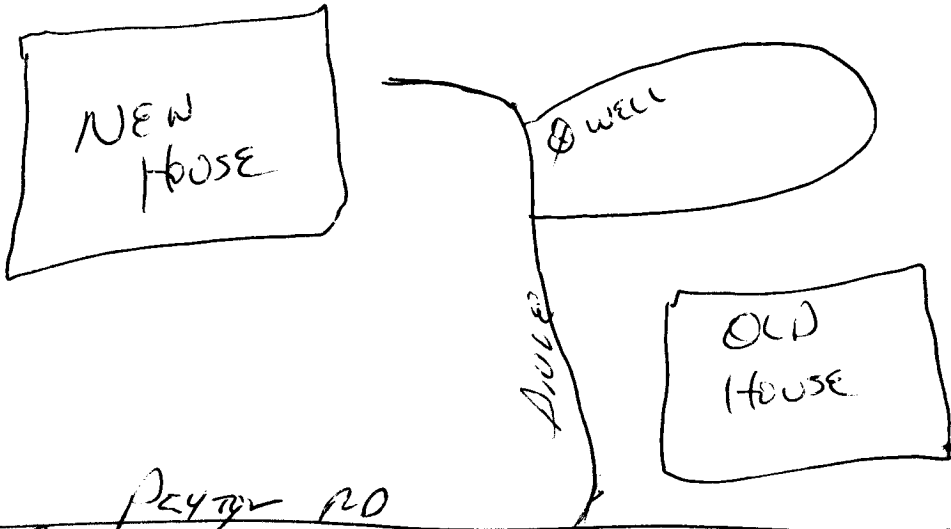
Ground Level

C-205

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	27
RED SAND + GRAVEL	27	45
WHITE CLAY	45	90
WHITE CLAY + SAND	90	110
WHITE SAND	110	160

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:

MIKE LONG

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)961-3210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: C-205

Elevation: _____

County: LATE

Permit #: _____

Driller: BOB SMITH

Date completed: 12-28-04

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

Owner Name: MIKE LONG

Mailing Address: INDEPENDENCE RD

LOCOMOCHAS, MISSISSIPPI
City: _____ State: _____ Zip Code: _____

Telephone No: _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

1/4 Sec D-30 Twn I-45 Rng L-6W

Distance: 2 1/2 Miles Direction: N of Nearest Town: POGGVILLE

Pump Type
Circle one

Air Lift Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12-28-04

Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 3/4

Setting Depth: 120 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 12-28-04

Static Water Level (A): 100 Feet Below Land Surface

Pumping Water Level (B): 104 Feet Below Land Surface

Drawdown ((B) - (A)): 4 Feet Below Land Surface

Test Pumping Rate: 14 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 14 GPM with a drawdown of 4 feet after _____ hours of pumping

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

ROBERT C SMITH III 0-645
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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JAN 11 2005
BY: OLWR