

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 #: C-206
L.S. Elevation: _____
E-log #: _____

County: TATE 139
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 2-16-05

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

Owner Name: Sam Ware
Mailing Address: Highway 305
Ocean Springs, MS 38868
City State Zip Code
Telephone No: (601) 233-1057

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey
 USGS quad Hand-held GPS Survey-grade GPS
Twp. T-45 Sec. D-35 Rng. R-6W
Distance _____ Direction S of Nearest Town Independence
Miles

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other Down State
Date well drilling started: 2-16-05 Date well drilling completed: 2-16-05
Flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 35 feet above or below (circle one) land surface Date measured: 2-16-05
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 136 Well depth: 136 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 126 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 4 D605 inches Setting depth: From 126 feet to 136 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): Washed Sand
Top of tap 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 Electric Gamma Ray Density Sonic 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.
Print Name of Water Well Contractor and License No: BOB SMITH 0-645
Signature of Water Well Contractor: [Signature]

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MAR 07 2005
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 10631
 Jackson, MS 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: C-206

Elevation: _____

County: TATE

Permit #: _____

Driller: BOB SMITH

Date completed: 2-16-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Sam Wane</u></p> <p>Mailing Address: <u>Hwy 305</u></p> <p style="text-align: center;"><u>Coramur MS 38618</u></p> <p style="text-align: center;">City State Zip Code</p> <p>Telephone No: <u>662 233-1057</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS</p> <p>W: _____ Sec: <u>D-35</u> Twn: <u>T-45</u> Rng: <u>R-6W</u></p> <p>Distance: _____ Miles Direction: <u>S</u> of Nearest Town: <u>INDEPENDENCE</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift: _____</p> <p>Bucket: _____</p> <p>Centrifugal: _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>2-16-05</u></p> <p>Rated Pump Capacity: <u>12</u> (Gallons Per Minute)</p>	<p style="text-align: center;">Power Type Circle one</p> <p> <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ </p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>50</u> feet</p> <p>Number of Stages: <u>11</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>2-16-05</u></p> <p>Static Water Level (A): <u>35</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>39</u> Feet Below Land Surface</p> <p>Drawdown: (B) - (A): <u>4</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>14</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line: _____ <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded: <u>14</u> GPM with a drawdown of <u>4</u> feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable): BOB SMITH 0-645

Signature of Pump Installer: [Signature]

RECEIVED

MAR 07 2005

BY: OLWR