

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-215
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 7-13-05

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>Stanley Bernard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10378 Peyton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Decatur MS 38618</u>	<u>1/4 1/4 Sec D-34 Twn T4S Rng R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 233 4156</u>	<u>2 Miles S of Independence</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>7-13-05</u> Date well drilling completed: <u>7-13-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7-13-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>150</u> Well depth: <u>150</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>170</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" x 1/8"</u> inches Setting depth: From <u>140</u> feet to <u>150</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>WASHED SAND</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 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.	
<u>BOB SMITH</u> <u>0-645</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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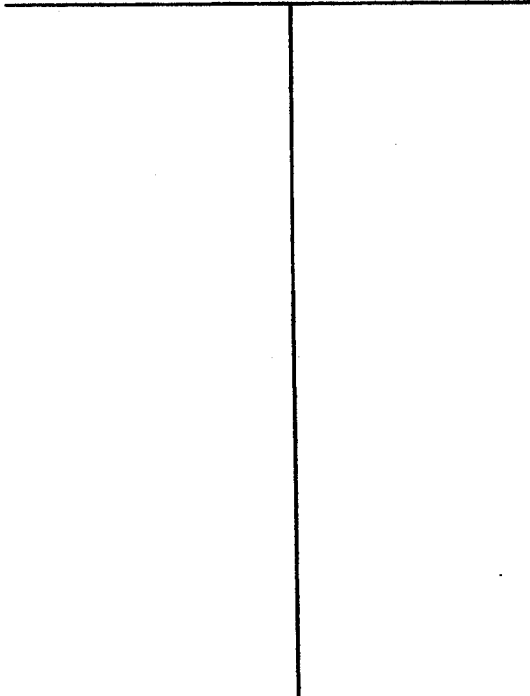
AUG 04 2005

BY: OLWR

C-215

If well telescopes please sketch below and show depths.

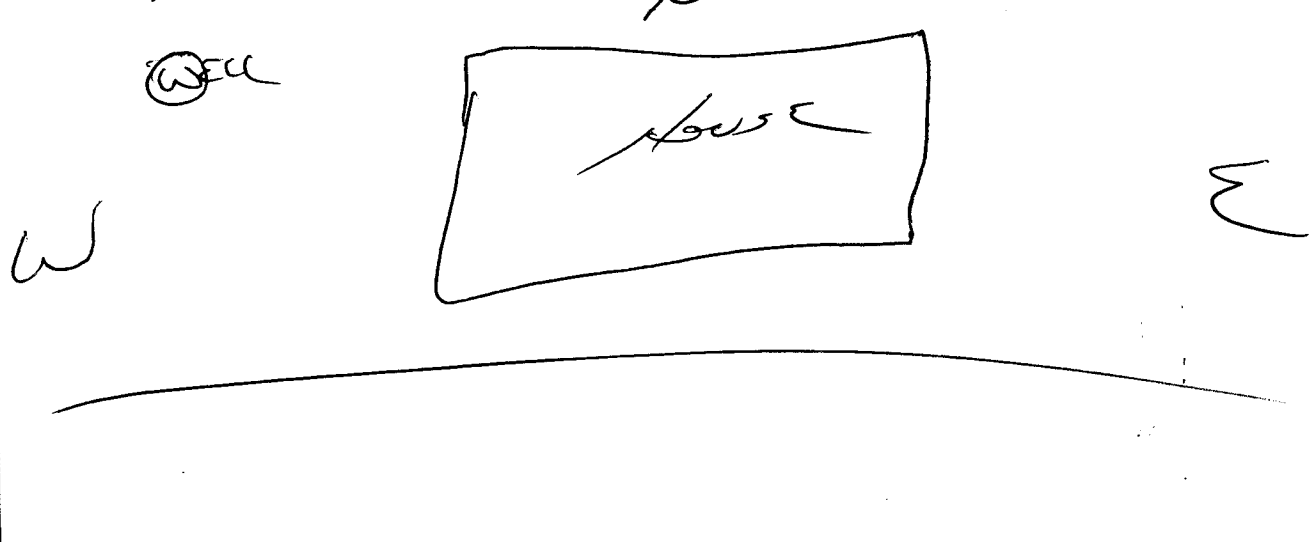
Ground Level _____



Description of Formations Encountered	From	To
TOP SOIL	0	5
MED CLAY	5	30
WHITE CLAY	30	90
WHITE SAND + CLAY	90	140
WHITE SAND	140	150

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: Stanley Bennett

[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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: TATE
Permit #:
Driller: BOB SMITH
Date completed: 7-13-05

For Office Use Only:
Aquifer:
Well #: C-215
Elevation: _____

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>STALEY BEARD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10378 Peyton rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COLUMBIA</u>	_____ 1/4 _____ 1/4 Sec <u>D-34</u> Twn <u>T45</u> Rng <u>R6W</u>
_____ City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 233-4156</u>	<u>2</u> Miles <u>S</u> of <u>INDEPENDENCE</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>7-13-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-13-05</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>83</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of <u>3</u> feet after _____ hours of pumping
Test Pumping Rate: <u>14</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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. (if applicable)

[Signature]
Signature of Pump Installer

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AUG 04 2005
BY: OLWR