

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-236
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 6-3-05

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>Larry Day</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
Mailing Address: <u>Box 200</u>	_____ 1/4 _____ 1/4 Sec <u>D-17</u> Twn <u>T4S</u> Rng <u>R6W</u>		
<u>COLETTA, MS 38618</u>	Distance: <u>3</u> Miles	Direction: <u>W</u>	Nearest Town: <u>WATERFIELD</u>
City: _____ State: _____ Zip Code: _____			
Telephone No. <u>(901) 351-8257</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 started: <u>6-3-05</u>		Date well drilling completed: <u>6-3-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>40</u> feet above or below (circle one) land surface		Date measured: <u>6-3-05</u>	
Method of Measurement (circle one) <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____			
Hole depth: <u>95</u>	Well depth: <u>95</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>85</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>85</u> feet to <u>95</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			
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): <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 <input type="radio"/> 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>0645</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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JUL 10 2006
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 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: C-236

Elevation: _____

County: TATE

Permit #: _____

Driller: BOB SMITH

Date completed: 6-3-05

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

Well Owner Information

Owner Name: LARRY DRY

Mailing Address: COLDWATER ROAD

SUB.

COLDWATER MS. 38618
City State Zip Code

Telephone No. (901) 351-8257

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec D-17 Twn T45 Rng R6W

Distance Direction Nearest Town

3 Miles W of WAREFIELD

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 6-3-05

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: 1/2

Setting Depth: 60 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 6-3-05

Static Water Level (A): 40 Feet Below Land Surface

Pumping Water Level (B): 45 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface

Test Pumping Rate: 17 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 17 GPM with a drawdown of

5 feet after _____ hours of pumping

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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JUL 10 2006

BY: OLWR